Version 3.4.2.2
Release Date 09.16.2019
State of New Hampshire
Bureau of EMS

NH TEMSIS DATA DICTIONARY

Contents

- **Data Element Number**
    - The NEMSIS Version 3 element numbering system has been revised to improve the information that can be derived from just the data element number. An example of a data element number is dAgency.01.
        - The data element number begins with either a "d" representing the demographic (agency) section or an "e" representing the EMS PCR section.
        - A one word descriptor for each section is now included in the data element number.
        - A period separates the section (e.g. dAgency) from the data element number (e.g. 01).

- **Data Element Name**
    - The name for the data element.

- **National and State Element Indicator**
    - National = Yes, is an indication that the data element is required to be collected:
        - at the local EMS agency level and submitted to the state
    - State = Yes, is an indication that the data element is recommended to be collected at the "State" level.

- **Data Element Definition**
    - The definition for the data element.

- **Version 2 Number**
    - The NEMSIS Version 2.2.1 Data Element Number.
    - If the Data Element is new to Version 3.4.0, the Version 2 Number will be blank.

- **Data Structure Information**
    - Recurrence
        - Indication that the data element can have more than one value.
            - Represented by two characters separated by a colon. The configuration includes:
                - 0:1 = element is not required and can occur only once
                - 0:M = element is not required and can repeat multiple times
                - 1:1 = element is required and can occur only once
                - 1:M = element is required and can repeat multiple times
    - Usage
        - Indication of when the data element is expected to be collected.
            - Mandatory = Must be completed and does not allow for NOT values
            - Required = Must be completed and allows NOT values
            - Recommended = Does not need to be completed and allows NOT values
            - Optional = Does not need to be completed and does not allow for NOT values
    - NOT Value Characteristics
        - Indication that the data element can have NOT values.
        - NOT Values are used (where permitted) to document that a data element was not applicable to the EMS response / request for service, was not or could not be completed.
        - NOT Values are documented as "an attribute" of an element. It allows the documentation of NOT value when a "real" value is not documented. *(Please reference the NEMSIS White Paper describing the use of NOT Values, Pertinent Negatives, and Nill.)*
    - NOT Values Accepted
        - Indication of which of the following three NOT values is acceptable.
        - Not all data elements accept NOT values.
        - NOT Values have been condensed in Version 3.

- Not Applicable = *The data element is not applicable or pertinent to the EMS event.*
- Not Recorded = *The data element is considered applicable to the EMS event, but was left blank. The EMS software should auto-populate it with "Not Recorded".*
- Not Reporting = *The data element is not collected by the EMS agency or state. This NOT value does not apply to National elements where "Usage = Required".*

- Pertinent Negative Values (PN)
    - A list of Pertinent Negative Values which can be associated with a data element.
    - Not all data elements accept Pertinent Negative Values.
    - Pertinent Negative Values are documented as "an attribute" of an element. It allows the documentation of pertinent negative value in addition to the documentation of a "real" value. *(Please reference the NEMSIS White Paper describing the use of NOT Values, Pertinent Negatives, and Nill.)*
    - Example of use:
        - Example #1 - Aspirin Administration:
            - If the medication Aspirin is part of the agency protocol for Chest Pain but was not administered by the responding crew, the reason why should be documented. This is done through the use of Pertinent Negative Values. If the patient took the Aspirin prior to the EMS arrival on scene, the value "Medication Already Taken" should be documented in addition to "Aspirin".
- Is Nillable
    - Indication that the element can accept a "blank" value.
    - If the element is left "blank" the software must submit an appropriate value of one of the two attributes: Pertinent Negative or NOT Values.

- **Associated Performance Measure Initiatives**
    - Indication that the data element has value in describing, defining, or measuring EMS from a performance perspective. Performance Measures can be associated with EMS service delivery, patient care, or both. The following service delivery or time dependent illness/injury performance measure topics have been included in NEMSIS Version 3:
        - Airway - Airway Management
        - Cardiac Arrest - Out of Hospital Cardiac Arrest
        - Pediatric - Acute Pediatric Care
        - Response - EMS Response Time
        - STEMI - ST Elevation Myocardial Infarction (STEMI)
        - Stroke - Acute Stroke Care
        - Trauma - Acute Injury/Trauma Care

- **Attributes**
    - An attribute provides extra information within an element. For information related to the first three attributes please see the NEMSIS document 'How to Utilize NEMSIS V3 "NOT values/pertinent negatives/nillable"'. The following are possible attributes:
        - PN (Pertinent Negative)
            - 8801001 - Contraindication Noted
            - 8801003 - Denied By Order
            - 8801005 - Exam Finding Not Present
            - 8801007 - Medication Allergy
            - 8801009 - Medication Already Taken
            - 8801013 - No Known Drug Allergy
            - 8801015 - None Reported
            - 8801017 - Not Performed by EMS
            - 8801019 - Refused
            - 8801021 - Unresponsive
            - 8801023 - Unable to Complete
        - NV (Not Value)
            - 7701001 - Not Applicable

- 7701003 - Not Recorded
- 7701005 - Not Reporting
- Nillable xsi:nil="true"
- Code Type
  - 3001001 = No
  - 3001003 = Yes, Prior to EMS Arrival
  - 3001005 = Yes, After EMS Arrival
- CorrelationID
  - Data Type = String
  - minLength = 0
  - maxLength = 255
- DistanceUnit
  - 9921001 - Kilometers
  - 9921003 - Miles
- EmailAddressType
  - 9904001 - Personal
  - 9904003 - Work
- nemsisCode
  - Data Type = String
- nemsisElement
  - Data Type = String
- nemsisValueDescription
  - Data Type = String
- PhoneNumberType
  - 9913001 - Fax
  - 9913003 - Home
  - 9913005 - Mobile
  - 9913007 - Pager
  - 9913009 - Work
- ProcedureGroupCorrelationID
  - Date Type = CorrelationID
- StreetAddress2
  - Data Type = String
  - minLength = 1
  - MaxLength = 255
- TIMESTAMP
  - Data Type = DateTime
  - minValue = 1950-01-01T00:00:00-00:00
  - maxValue = 2050-01-01T00:00:00-00:00
- VelocityUnit
  - 9921001 - Kilometers per Hour
  - 9921003 - Miles per Hour

- **Code List**
  - A list of values associated with the data element. Not all data elements have predefined value sets.
  - Codes for each value:
    - The codes are based on a 7-digit number, in a 2-2-3 pattern (without dashes).
      - The first set of two numbers represent the data section
      - The second set of two numbers represent the element number
      - The last set is a 3-digit number for each value beginning at 001; The codes increase in increments of two (2).
    - Codes are typically sequential (by two) and alphabetical. Some ordering is provided in an effort to present information based on workflow.
    - Several values and codes reference external standards such as ICD-10, RxNorm, SNOMED, etc. NEMSIS will assist in providing a recommended list of EMS specific values and codes from these larger standards for most elements using these external standards.

- **Data Element Editorial Comments**
  - Comments are provided to describe additions, changes, clarifications, or provide additional insight into the data element.

- **Version 3 Changes Implemented**
  - Comments providing insight into specific Version 3 changes such as new or revised data elements.

- **Element Deprecated**
  - Elements that are signified as "deprecated" will be removed from a future version of the NEMSIS standard. Their use should now be avoided, but will be supported until they are removed from the standard.

NEMSIS Version 3.4.0 Change Summary

- **NEMSIS Version 3 includes several new types of information to better describe EMS from an industry, workforce, EMS service delivery, and patient care perspective. Examples of new Version 3 content include:**

Demographic (Agency) Content

  - EMS Agencies can list more than one state in which they offer EMS service delivery.
  - EMS Agencies can indicate multiple Agency numbers.
  - Multiple EMS Agency contacts can now be managed within the Demographic Section.
  - EMS Agency Location and GIS information has been enhanced.
  - EMS Professional and Workforce information has been enhanced.

EMS (PCR) Content

  - EMS Crew level information has been enhanced
  - Scene location information has been enhanced to improve geo-coding and location analysis.
  - Provider Impression (diagnosis), Symptoms, Cause of Injury, Medical/Surgical History, and Incident Location are now based on ICD-10.
  - Procedures are now based on SNOMED.
  - Medications are now stored using the RxNorm standard
  - Cardiac Arrest information has been enhanced to add focus on CPR and post arrest cooling.
  - Automated Collision Notification information has been included.
  - The data elements required to document and evaluate the CDC Field Triage Algorithm for trauma have been included.
  - Vital Sign and patient monitoring information have been enhanced
  - A new section for Laboratory and Diagnostic Imaging results has been added.
  - The Exam section has been reconfigured to improve documentation and ease of use.
  - Much of the medical device information has been mapped into the vital sign section for direct import via the XML standard.
  - Inclusion of electronic signatures and external electronic documents.
  - An Airway section has been added to better document and evaluate airway management.
  - Improved Work Related Illness and Injury documentation capability.
  - Disposition information has been enhanced especially associated with Specialty Centers and time dependent illness/injury Systems of Care.
  - EMS Response and Transport Modes have been enhanced to better define emergent, non-emergent, scheduled, and non-scheduled variation.
  - Additional EMS Response and Transport Mode Descriptors have been added to allow for documentation of Lights and Sirens Use and Intersection Navigation tools.

- The Payment/Billing section has been greatly expanded to meet current electronic billing requirements.
- Outcome information has been expanded to include additional Emergency Department and Hospital Outcome information (often obtained through linkage).

General Improvements

- Version 3 content has focused on objective performance measures to better describe and evaluate EMS service delivery and patient care.
- State level configuration and customized data elements have been enhanced without changing the NEMSIS Version 3 Standard.

eAirway.01 – Indications for Invasive Airway

Definition

The clinical indication for performing invasive airway management.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Adequate Airway Reflexes/Effort, Potential for Compromise	4001001	Adequate Airway Reflexes/Effort, Potential for Compromise	R
Airway Reflex Compromised	4001003	Airway Reflex Compromised	R
Apnea or Agonal Respirations	4001005	Apnea or Agonal Respirations	R
Illness Involving Airway	4001007	Illness Involving Airway	R
Injury Involving Airway	4001009	Injury Involving Airway	R
Ventilatory Effort Compromised	4001013	Ventilatory Effort Compromised	R
Other	4001011	Other	R

Comments

Testing the definitions section

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
172	Indications for invasive airway are required with an invasive airway.	10	State	Warning

eAirway.02 Date/Time Airway Device Placement Confirmation

Definition
Date/Time Airway Device Placement Confirmation

Location in Runform			
Section	Vitals and Treatment	Panel	Airway

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements				
National Element	No	Recommended	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single – Select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints					
Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments
Format YYYY-MM-DD
Format HH:MM:SS

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
25	The sequence of time requires that Time Airway Device Placement Confirmed occur after Arrived at Patient.	10	National	Warning

eAirway.03 - Airway Device Being Confirmed

Definition

The airway device in which placement is being confirmed.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Nasotracheal Tube	It4003.100	Other – Invasive Airway	QR
Endotracheal Tube	4003003	Endotracheal Tube	R
SAD-King	4003009	SAD-King	R
SAD-LMA	4003011	SAD-LMA	R
SAD-Other	4003013	SAD-Other	R
Tracheostomy Tube	4003015	Tracheostomy Tube	R
Other-Invasive Airway	4003005	Other-Invasive Airway	R
Cricothyrotomy Tube	4003001	Cricothyrotomy Tube	R

Comments

Testing the definitions section

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
977	Airway Device being confirmed must be ETT when procedure is intubation	10	State	Warning
1015	Airway device being confirmed must be ETT or Nasal ETT when procedure is Nasal intubation	10	State	Warning
1016	Airway Device Being Confirmed must SAD-King or SAD-Other when Procedure is King or	10	State	Warning

	other single-lumen SGA			
1017	Airway Device Being Confirmed must SAD-LMA when Procedure is an LMA	10	State	Warning
1018	Airway Device Being Confirmed must be Cricothyrotomy when Procedure is a Cricothyrotomy	10	State	Warning

eAirway.04 - Airway Device Placement Confirmed Method

Definition

The method used to confirm the airway device placement.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Visualization of Vocal Cords	4004017	Visualization of Vocal Cords	R
Condensation in Tube	4004007	Condensation in Tube	R
Auscultation	4004001	Auscultation	R
Chest Rise	lt4004.100	Chest Rise	QR
Digital (Numeric) ETCO2	4004009	Digital (Numeric) ETCO2	R
Waveform ETCO2	4004019	Waveform ETCO2	R
Endotracheal Tube Whistle (BAAM, etc.)	4004013	Endotracheal Tube Whistle (BAAM, etc.)	R
Direct Re-Visualization of Tube in Place	4004011	Direct Re-Visualization of Tube in Place	R
Colorimetric ETCO2	4004005	Colorimetric ETCO2	R
Other	4004015	Other	R

Comments

If the invasive airway is confirmed via multiple methods each method should be documented individually by time, method, and type of individual.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
1019	Airway device confirmation method is blank	10	State	Warning

eAirway.05 – Tube Depth

Definition

The measurement at the patient's teeth/lip of the tube depth in centimeters (cm) of the invasive airway placed.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	Integer	minLength	8	maxLength	32

Comments

Tube Depth added to better document the initial placement of the airway device and subsequent assessments.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
1020	Tube Depth is Blank	10	State	Warning

eAirway.06 - Type of Individual Confirming Airway Device Placement

Definition

The type of individual who confirmed the airway device placement.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Person Performing Intubation	4006005	Person Performing Intubation	R
Another Person on the Same Crew	4006001	Another Person on the Same Crew	R
Receiving Air Medical/EMS Crew	4006007	Receiving Air Medical/EMS Crew	R
Receiving Hospital Team	4006009	Receiving Hospital Team	R
Other	4006003	Other	R

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
1021	Type of individual confirming airway device is blank	10	State	Warning

eAirway.07 – Crew Member ID

Definition

The statewide assigned ID number of the EMS crew member confirming the airway placement.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	2	maxLength	50

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
10022	Crew Member inserting the airway is blank	10	State	Warning

eAirway.08 - Airway Complications Encountered

Definition

The airway management complications encountered during the patient care episode.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Rquired	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Adverse Event from Facilitating Drugs	4008001	Adverse Event from Facilitating Drugs	R
Bradycardia (<50)	4008003	Bradycardia (<50)	R
Cardiac Arrest	4008005	Cardiac Arrest	R
Esophageal Intubation-Delayed Detection (After Tube Secured)	4008007	Esophageal Intubation-Delayed Detection (After Tube Secured)	R
Esophageal Intubation-Detected in Emergency Department	4008009	Esophageal Intubation-Detected in Emergency Department	R
Failed Intubation Effort	4008011	Failed Intubation Effort	R
Injury or Trauma to Patient from Airway Management Effort	4008013	Injury or Trauma to Patient from Airway Management Effort	R
Other	4008015	Other	R
Oxygen Desaturation (<90%)	4008017	Oxygen Desaturation (<90%)	R
Patient Vomiting/Aspiration	4008019	Patient Vomiting/Aspiration	R
Tube Dislodged During Transport/Patient Care	4008021	Tube Dislodged During Transport/Patient Care	R
Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient	400823	Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient	R

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
1023	Airway complications must be entered with airway attempts	10	State	Warning

eAirway.09 - Suspected Reasons for Failed Airway Management

Definition

The reason(s) the airway was unable to be successfully managed.

Location in Runform

Section	Vitals and Treatment	Panel	Airway

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	None	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Difficult Patient Airway Anatomy	4009001	Difficult Patient Airway Anatomy	R
ETI Attempted, but Arrived At Destination Facility Before Accomplished	4009003	ETI Attempted, but Arrived At Destination Facility Before Accomplished	R
Facial or Oral Trauma	4009005	Facial or Oral Trauma	R
Inability to Expose Vocal Cords	4009007	Inability to Expose Vocal Cords	R
Inadequate Patient Relaxation/Presence of Protective Airway Reflexes	4009009	Inadequate Patient Relaxation/Presence of Protective Airway Reflexes	R
Jaw Clenched (Trismus)	4009011	Jaw Clenched (Trismus)	R
Other	4009013	Other	R
Poor Patient Access	4009015	Poor Patient Access	R
Secretions/Blood/Vomit	4009017	Secretions/Blood/Vomit	R
Unable to Position or Access Patient	4009019	Unable to Position or Access Patient	R

Comments

Testing the definitions section

itAirway.014 – Airway Grade

Definition

Airway POGO Score

Location in Runform

Section	Vitals and Treatment	Panel	Procedure

State Requirements

NH State Usage	Required	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Grade 1	itAirway.014.100	Grade 1	QR
Grade 2	itAirway.014.101	Grade 2	QR
Grade 3	itAirway.014.102	Grade 3	QR
Grade 4	itAirway.014.103	Grade 4	QR

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
203	Airway Grade must be entered for any intubation	5	State	Warning

eArrest.01 – Cardiac Arrest

Definition
Indication of the presence of a cardiac arrest at any time during this EMS event.

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
No	3001001	No	R
Yes, After ANY EMS Arrival (Includes Transport EMS & Medical First Responders)	3001005	Yes, After EMS Arrival	R
Yes, Prior to ANY EMS Arrival (Includes Transport EMS & Medical First Responders)	3001003	Yes, Prior to EMS Arrival	R

Comments
This element is a component of the Utstein Cardiac Arrest Criteria. If this EMS event is for an inter-facility transfer of a patient with a recent history of a cardiac arrest with ROSC, and who does not experience another cardiac arrest during transport, then do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to EMS Arrival". 06-21-2019 values labels updated to reflect NEMSIS V3.5 changes and clarify answers for providers

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
112	Cardiac Arrest is a required field when any potential patient contact is made.	25	National	Warning
526	Cardiac arrest cannot be "No" for a patient in cardiac arrest or is dead on scene with resuscitation.	25	National	Warning
530	Cardiac Arrest cannot be a "NOT" value when patient contact with evaluation and/or care is provided.	10	National	Warning
531	Cardiac Arrest cannot be "Prior to Arrival" for Transfers.	10	Logical	Warning
866	When Cardiac Arrest is not "Yes" then Cardiac Arrest data should not be entered.	10	National	Warning
969	If patient is obviously dead and is therefore not a workable arrest then Cardiac arrest cannot be "Yes"	10	State	Warning

eArrest.02 – Cardiac Arrest Etiology

Definition

Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Cardiac (Presumed)	3002001	Cardiac (Presumed)	R
Drug Overdose	3002005	Drug Overdose	R
Trauma	3002015	Trauma	R
Respiratory/Asphyxia	3002013	Respiratory/Asphyxia	R
Electrocution	3002007	Electrocution	R
Exsanguination-Medical (Non-Traumatic)	3002009	Exsanguination-Medical (Non-Traumatic)	R
Other / Unknown	3002011	Other / Unknown	R

Comments

This element is a component of the Utstein Cardiac Arrest Criteria.

Following the UTSTEIN standard of cardiac arrest etiology the values were determined based on the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".
http://circ.ahajournals.org/cgi/content/full/110/21/3385

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
113	Cardiac Arrest Etiology is a required field when Cardiac Arrest contains "Yes".	10	National	Warning

eArrest.03 – Resuscitation Attempted by EMS

Definition

Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Initiated CPR	3003005	Initiated Chest Compressions	QR
Not Attempted- Signs of Circulation	3003011	Not Attempted-Signs of Circulation	QR
Ventilation (Performed or Attempted)	3003003	Attempted Ventilation	QR
Not Attempted- Considered Futile or Scene Not Safe	3003007	Not Attempted-Considered Futile	QR
Defibrillation (Performed or Attempted)	3003001	Attempted Defibrillation	QR
Not Attempted- DNR Orders	3003009	Not Attempted-DNR Orders	QR

Comments

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports". http://circ.ahajournals.org/cgi/content/full/110/21/3385

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
532	Resuscitation attempted can't be blank for a cardiac arrest.	10	National	Warning
867	Cannot have both attempted and not attempted resuscitation	10	National	Warning
868	Resuscitation Attempted By EMS should contain "Attempted Ventilation" when Type of CPR Provided contains "Ventilation...".	10	National	Warning
869	Resuscitation Attempted By EMS should contain "Initiated CPR" when Type of CPR Provided contains "Compressions...".	10	National	Warning

eArrest.04 – Arrest Witnessed By

Definition

Indication of who the cardiac arrest was witnessed by

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Not Witnessed	3004001	Not Witnessed	QR
Family Member	3004003	Witnessed by Family Member	QR
Bystander / Lay Person	3004007	Witnessed by Lay Person	QR
EMS	lt3004.100	Witnessed By EMS	QR
Other Public Safety First Responder	lt3004.105	Witnessed by Other Public Safety	QR
Other Healthcare Provider	3004005	Witnessed by Healthcare Provider	QR

Comments

This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports". http://circ.ahajournals.org/cgi/content/full/110/21/3385

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
197	Arrest witnessed by?	10	National	Warning
832	Cardiac arrest cannot be "not witnessed" with witnesses also documented.	10	National	Warning

eArrest.05 – CPR Care Provided Prior to EMS Arrival

Definition
Documentation of the CPR provided prior to EMS arrival

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements				
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Yes	9923003	Yes	QR
No	9923001	No	QR

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
180	CPR Care Provided Prior to EMS Arrival?	10	National	Warning

eArrest.06 - Who Provided CPR Prior to EMS Arrival

Definition
Documentation of who performed CPR prior to this EMS unit's arrival.

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints					
Data Type	String	minLength	0	maxLength	255

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Family Member	3006001	Family Member	QR
Lay Person (Non-Family Member)	3006007	Lay Person (Non-Family Member)	QR
First Responder (Fire,Law, EMS)	3006003	First Responder (Fire,Law, EMS)	QR
Other EMS Professional (not part of dispatched response)	3006009	Other EMS Professional (not part of dispatched response)	QR
Healthcare Professional (Non-EMS)	3006005	Healthcare Professional (Non-EMS)	QR

eArrest.07 - AED Use Prior to EMS Arrival

Definition
Documentation of AED use Prior to EMS Arrival

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	3007001	No	QR
Yes, Applied without Defibrillation	3007003	Yes, Applied without Defibrillation	QR
Yes, With Defibrillation	3007005	Yes, with Defibrillation	QR

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
117	AED Use Prior to EMS Arrival is a required field when Cardiac Arrest.	10	National	Warning

eArrest.08 – Who Used AED Prior to EMS Arrival

Definition
Documentation of who used the AED prior to this EMS Unit's arrival.

Location in Runform			
Section	History	Panel	Cardiac

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select		Is Nillable (Can be Blank)	No

Constraints					
Data Type	String	minLength	0	maxLength	255

Comments
This is required by 3rd party software that are not yet using the CARES field itArrest.015, which asks the same question but is only 0:1. The agency using the 3rd party software must be entering CARES records on their own.

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Family Member	3006001	Family Member	QR
Lay Person (Non-Family Member)	3006007	Lay Person (Non-Family Member)	QR
First Responder (Fire,Law, EMS)	3006003	First Responder (Fire,Law, EMS)	QR
Other EMS Professional (not part of dispatched response)	3006009	Other EMS Professional (not part of dispatched response)	QR
Healthcare Professional (Non-EMS)	3006005	Healthcare Professional (Non-EMS)	QR

eArrest.09 – Type of CPR Provided

Definition
Documentation of the type/technique of CPR used by EMS.

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints					
Data Type	String	**minLength**	0	**maxLength**	255

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Compressions-Continuous	3009001	Compressions-Continuous	QR
Hands only CPR	lt3009.103	Hands only CPR	QR
High Performance CPR	lt3009.104	High Performance CPR	QR
Passive Ventilation During CPR	lt3009.102	Ventilation-Passive	QR
Positive Pressure Ventilation with CPR	3009009	Compressions-Intermittent with Ventilation	QR
Ventilation with Bag Valve Mask/Tube	3009013	Ventilation-Bag Valve Mask	QR
Mechanical CPR-Lucas / Plunger Type	3009005	Compressions-External Plunger Type Device	QR
Mechanical CPR -Zoll / Band Type	3009003	Compressions-External Band Type Device	QR
Mechanical CPR-Other Device (Not Listed)	3009011	Compressions-Other Device	QR
Ventilation w/ Impedance Threshold Device	3009015	Ventilation w/ Impedance Threshold Device	QR
Ventilation-Pocket Mask	3009019	Ventilation-Pocket Mask	QR
Ventilation-Mouth to Mouth	3009017	Ventilation-Mouth to Mouth	QR

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
118	Type of CPR Provided is a required field when Cardiac Arrest.	10	National	Warning
870	Type of CPR Provided should contain "CPR" when Resuscitation Attempted By EMS contains "Initiated CPR...".	10	National	Warning
871	Type of CPR Provided should contain "Ventilation" when Resuscitation Attempted By EMS contains "Ventilation...".	10	National	Warning

eArrest.11 – First Monitored Arrest Rhythm of the Patient

Definition
Documentation of what the first monitored arrest rhythm which was noted

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
AED NO Shock Advised (Unknown)	3011007	Unknown AED Non-Shockable Rhythm	QR
AED Shock Advised (Unknown)	3011009	Unknown AED Shockable Rhythm	QR
Ventricular Fibrillation	3011011	Ventricular Fibrillation	QR
Ventricular Tachycardia-Pulseless	3011013	Ventricular Tachycardia-Pulseless	QR
Asystole	3011001	Asystole	QR
PEA	3011005	PEA	QR

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
120	First Monitored Arrest Rhythm of the Patient is a required field when Cardiac Arrest.	10	National	Warning

eArrest.12 – Any Return of Spontaneous Circulation

Definition

Indication whether or not there was any return of spontaneous circulation.

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	3012001	No	QR
Yes, w/ pulse on Arrival at the ED	3012003	Yes, At Arrival at the ED	QR
Yes, (>30 seconds) any time before the ED/ transfer of care	3012005	Yes, Prior to Arrival at the ED	QR
Yes, Sustained for 20 consecutive minutes or more	3012007	Yes, Sustained for 20 consecutive Minutes	QR

Comments

Added back to dataset June 2019. The itArrest.012 field was deprecated due to CARES-NEMSIS re- alignment where CARES will now use this field to map to CARES variation of this field. This will be reflected in NEMSIS V3.5

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
184	Any ROSC cannot be blank when there is a cardiac arrest.	10	National	Warning
1217	Any ROSC (eArrest.12) cannot be "No" or be "Not Applicable" when there is also a "Yes" value.	10	National	Warning

eArrest.14 – Date/Time of Cardiac Arrest

Definition
Date/Time of Cardiac Arrest

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints					
Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
31	The sequence of time requires that Cardiac Arrest occur before Unit Back in Service.	10	National	Warning
572	Time of Cardiac Arrest is a required field when Cardiac Arrest is yes.	10	National	RSchema
851	Time of Arrest is after EMS arrived when arrest was listed as "Yes Prior to EMS Arrival".	10	Logical	Warning
973	Time of Cardiac Arrest cannot be N/A if the arrest is witnessed.	10	Logical	Warning

eArrest.15 – Date/Time Resuscitation Discontinued

Definition
The date/time resuscitation was discontinued

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements				
National Element	No	Recommended	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Recommended	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints					
Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
30	The sequence of time requires that EMS Resuscitation Discontinued occur before Unit Back in Service.	10	Logical	Warning
857	Time must be entered if Cardiac Arrest resuscitation was documented as discontinued.	10	State	
872	Date/Time Resuscitation Discontinued is before Unit Arrived on Scene.	10	National	Warning
968	Date/Time Resuscitation Discontinued cannot be N/A if EMS ended resuscitation in the field	10	State	

eArrest.16 – Reason CPR/Resuscitation Discontinued

Definition
The reason that CPR or the resuscitation efforts were discontinued.

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
ROSC (Pulse or BP Noted)	3016011	Return of Spontaneous Circulation (pulse or BP noted)	QR
Protocol Requirements Met	3016009	Protocol/Policy Requirements Completed	QR
Medical Control Order	3016003	Medical Control Order	QR
Obvious Signs of Death	3016005	Obvious Signs of Death	QR
Valid DNR	3016001	DNR	QR
Physically Unable to Perform or Unsafe	3016007	Physically Unable to Preform	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
123	Reason CPR/Resuscitation Discontinued is a required field when Cardiac Arrest.	10	National	Warning

eArrest.17 – Cardiac Rhythm on Arrival at Destination

Definition

The patient's cardiac rhythm upon delivery or transfer to the destination

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Unknown AED Non-Shockable Rhythm	9901063	Unknown AED Non-Shockable Rhythm	QR
Unknown AED Shockable Rhythm	9901065	Unknown AED Shockable Rhythm	QR
Ventricular Fibrillation	9901067	Ventricular Fibrillation	QR
Ventricular Tachycardia (Pulseless)	9901071	Ventricular Tachycardia (Pulseless)	QR
Asystole	9901003	Asystole	QR
PEA	9901035	PEA	QR
Agonal/Idioventricular	9901001	Agonal/Idioventricular	QR
Artifact	9901005	Artifact	QR
Atrial Fibrillation	9901007	Atrial Fibrillation	QR
Atrial Flutter	9901009	Atrial Flutter	QR
AV Block-1st Degree	9901011	AV Block-1st Degree	QR
AV Block-2nd Degree-Type 1	9901013	AV Block – 2nd Degree – Type 1	QR
AV Block-2nd Degree-Type 2	9901015	AV Block – 2nd Degree – Type 2	QR
AV Block-3rd Degree	9901017	AV Block – 3rd Degree	QR
Junctional	9901019	Junctional	QR
Left Bundle Branch Block	9901021	Left Bundle Branch Block	QR
Non-STEMI Anterior Ischemia	9901023	Non-STEMI Ischemia	QR
Non-STEMI Inferior Ischemia	9901025	Non-STEMI Inferior Ischemia	QR
Non-STEMI Lateral Ischemia	9901027	Non-STEMI Lateral Ischemia	QR

Non-STEMI Posterior Ischemia	9901029	Non-STEMI Posterior Ischemia	QR
Other	9901031	Other	QR
Paced Rhythm	9901033	Paced Rhythm	QR
Premature Atrial Contractions	9901037	Premature Atrial Contractions	QR
Premature Ventricular Contractions	9901039	Premature Ventricular Contractions	QR
Right Bundle Branch Block	9901041	Right Bundle Branch Block	QR
Sinus Arrhythmia	9901043	Sinus Arrhythmia	QR
Sinus Bradycardia	9901045	Sinus Bradycardia	QR
Sinus Rhythm	9901047	Sinus Rhythm	QR
Sinus Tachycardia	9901049	Sinus Tachycardia	QR
STEMI Anterior Ischemia	9901051	STEMI Anterior Ischemia	QR
STEMI Inferior Ischemia	9901053	STEMI Inferior Ischemia	QR
STEMI Lateral Ischemia	9901055	STEMI Lateral Ischemia	QR
STEMI Posterior Ischemia	9901057	STEMI Posterior Ischemia	QR
Supraventricular Tachycardia	9901059	Supraventricular Tachycardia	QR
Torsades De Points	9901061	Torsades De Points	QR
Ventricular Tachycardia (With Pulse)	9901069	Ventricular Tachycardia (with Pulse)	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
124	Cardiac Rhythm on Arrival at Destination is a required field when Cardiac Arrest.	10	National	Warning
972	Cardiac Rhythm on Arrival at Destination cannot be N/A when patient was transported.	10	Logical	

eArrest.18 – End of EMS Cardiac Arrest Event

Definition

The patient's outcome at the end of the EMS event.

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Expired in the Field	3018003	Expired in the field	QR
ROSC in the field	3018007	ROSC in the field	QR
Ongoing Resuscitation by other EMS	3018011	Ongoing Resuscitation by Other EMS	QR
Ongoing Resuscitation in ED	3018005	Ongoing Resuscitation in ED	QR
ROSC in the ED	3018009	ROSC in the ED	QR
Expired in ED	3018001	Expired in ED	QR
Effort ceased due to DNR	It3018.100	Effort ceased due to DNR	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
125	End of EMS Cardiac Arrest Event is a required field when Cardiac Arrest.	10	National	Warning

itArrest.008 – Who Initiated CPR

Definition
Who initiated CPR?

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Bystander/Lay Person	itArrest.008.101	LayPerson	QR
Family Member	itArrest.008.102	Lay person Family Member	QR
Other Healthcare Provider	itArrest.008.103	Lay Person Medical Provider	QR
Law Enforcement	itArrest.008.105	Law Enforcement	QR
First Responder (non-EMS)	itArrest.008.100	First Responder	QR
EMS	itArrest.008.104	Responding EMS Personnel	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
959	Who Initiated CPR must be entered when there is a cardiac arrest.	10	State	Warning

itArrest.012 - Sustained ROSC (20 consecutive minutes) DEPRECATED 6-21-2019

Definition
Sustained ROSC (20 consecutive minutes) **NO LONGER USED AFTER June 21, 2019**

Location in Runform			
Section	History	Panel	Cardiac Arrest

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

DEPRECATED 06-21-2019

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
No	itArrest.012.100	No	QR
Yes, but NO PULSE at end of EMS care or ED Arrival	itArrest.012.102	Yes, but pulseless at end of EMS Care (or ED Arrival)	QR
Yes, w/PULSE at end of ES care or ED arrival	itArrest.012.101	Yes, but pulse at end of EMS care (or ED Arrival)	QR

Comments
CARES DEPRECATED / Discontinued as of June 21, 2019

Validation/ Business Rules		INACTIVATED 06-21-2019			
Rule	**Description**		**Points**	**Level**	**Schematron**
~~960~~	~~Sustained ROSC (20 Consecutive Minutes) is blank when there is a cardiac arrest~~		~~10~~	~~State~~	~~Warning~~

itArrest.013 - Who First Defibrillated the Patient

Definition
Who First Defibrillated the Patient

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Not Applicable	itArrest.013.105	Not Applicable	QR
EMS	itArrest.013.103	Responding EMS Personnel	QR
First Responder (non-EMS)	itArrest.013.101	First Responder (non-EMS)	QR
Law Enforcement	itArrest.013.102	First Responder (Police)	QR
Bystander / Lay Person	itArrest.013.100	Lay Person	QR
Family Member	itArrest.013.106	Lay Person Family Member	QR
Other Healthcare Provider	itArrest.013.104	Lay Person Medical Provider	QR

Comments
CARES

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
917	Who first defibrillated the patient must be N/A if patient was not defibrillated	10	State	Warning
961	Who first defibrillated the patient is blank when there is a cardiac arrest	10	State	Warning
970	When a patient is defibrillated, "Who first defibrillated the patient" cannot be N/A	10	State	Warning

itArrest.014 - Resuscitation Attempted by 911 Responder

Definition
Resuscitation Attempted by 911 Responder

Location in Runform

Section	History	Panel	Cardiac Arrest
Section	Outcome	Panel	Outcome

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	itArrest.014.101	No	QR
Yes	itArrest.014.100	Yes	QR

Comments
CARES

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
962	Resuscitation attempted by 911 responder or AED shock PTA EMS is blank when there is a cardiac arrest	10	State	Warning
963	Resuscitation attempted by 911 responder or AED shock PTA EMS must be "Yes" when Resuscitation was attempted or AED PTA delivered when there is a cardiac arrest	10	State	Warning
964	Resuscitation attempted by 911 responder or AED shock PTA EMS must be "No" when no Resuscitation was attempted or AED PTA delivered when there is a cardiac arrest	10	State	Warning

itArrest.015 - Who First Applied the AED

Definition
Who First Applied the AED

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Bystander / Lay Person	itArrest.015.001	Lay Person	QR
Family Member	itArrest.015.002	Lay Person Family Member	QR
Other Healthcare Provider	itArrest.015.003	Lay Person Medical Provider	QR
Law Enforcement	itArrest.015.005	Law Enforcement	QR
First Responder (non-EMS)	itArrest.015.004	First Responder (non-EMS)	QR

Comments
CARES

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
635	Who First Applied AED PTA EMS (itArrest.015) cannot be blank when AED was applied PTA EMS	10	State	Warning

itArrest.016 – Type of Bystander CPR Provided

Definition
Type of Bystander CPR Provided

Location in Runform

Section	History	Panel	Cardiac Arrest

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Compressions and Ventilations	itArrest.016.100	Compressions and Ventilations	QR
Compressions Only	itArrest.016.101	Compressions Only	QR
Ventilations Only	itArrest.016.102	Ventilations Only	QR

Comments
CARES, VT

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
966	Type of Bystander CPR Provided (itArrest.016) cannot be blank when a Bystander initiated CPR	10	State	Warning

eCrew.01 – Crew Member ID

Definition

The state certification/licensure ID number assigned to the crew member.

Location in Runform

Section	Drop Off Form	Panel	Responding Unit
Section	Response Resources	Panel	Responding Crew

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	2	maxLength	50

Comments

Document the state certification/licensure ID for the state where the event occurred.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
149	Additional Crew Members must be added.	5	State	Warning
502	Crew members need to be assigned to this call.	10	State	Error

eCrew.02 - Crew Member Level

Definition
The functioning level of the crew member ID during this EMS patient encounter.

Location in Runform			
Section	Drop Off Form	Panel	Responding Unit
Section	Response Resources	Panel	Responding Crew

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements				
National Element	No	Recommended	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
LEO Responder	It9925.139	Law Enforcement Officer	R
First Responder	9925013	First Responder	R
EMR	9925003	2009 Emergency Medical Responder (EMR)	R
EMT	9925005	2009 Emergency Medical Technician (EMT)	R
EMT – I	9925017	EMT – Intermediate	R
AEMT	9925001	2009 Advanced Emergency Medical Technician (AEMT)	R
EMT – P	9925019	EMT – Paramedic	R
Paramedic	9925007	2009 Paramedic	R
Driver (Not Licensed or Certified)	It9925.165	Driver (Not Licensed or Certified)	R
Other Non-Healthcare Professional	9925025	Other Non-Healthcare Professional	R
Apprentice	It9925.138	Apprentice	R
EMS Physician	It9925.138	EMS Physician	R
BLS Student	9925031	Student	R
AEMT Student	It9925.141	AEMT Student	R
RN	9925043	Registered Nurse	R
ARNP	9925037	Nurse Practitioner	R
Physician	9925027	Physician	R
PA	9925039	Physician Assistant	R
Respiratory Therapist	9925029	Respiratory Therapist	R

Other Healthcare Professional	9925023	Other Healthcare Professional	R

Comments

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
150	Crew Member Level is Blank	10	State	Error

eCrew.03 – Crew Member Response Role

Definition

The role(s) of the role member during response, at scene treatment, and/or transport.

Location in Runform

Section	Response Resources	Panel	Responding Crew
Section	Drop Off Form	Panel	Responding Unit

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Response – Driver/Pilot	2403001	Driver/Pilot – Response	R
On Scene – Primary Patient Caregiver	2403011	Primary Patient Caregiver-At Scene	R
On Scene - Other Patient Caregiver	2403007	Other Patient Caregiver-At Scene	R
On Scene Support or Fire Company	It2403.100	Fire company	R
Transport – Driver/Pilot	2403003	Driver/Pilot – Transport	R
Transport – Primary Patient Caregiver	2403013	Primary Patient Caregiver – Transport	R
Transport – Other Patient Caregiver	2403009	Other Patient Caregiver- Transport	R
Ride Along	It2403.103	Ride Along	R
Other	2403005	Other	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
151	Crew Member Response Role is Blank	10	State	Warning

eDevice.02 – Date/Time of Event (per Medical Device)

Definition

The time of the event recorded by the device's internal clock

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Imports

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

DateTime consists of finite-length characters of the form: yyyy '-' mm '-' dd 'T' hh ':' mm ':' ss ('.' s+)? (zzzzzz)
yyyy   a four-digit numeral that represents the year
'-'   separators between parts of the date portion
mm   a two-digit numeral that represents the month
dd   a two-digit numeral that represents the day
T   separator that indicates time-of-day follows
hh   a two-digit numeral that represents the hour
':'   a separator between parts of the time-of-day portion
mm   a two-digit numeral that represents the minute
ss   a two-integer-digit numeral that represents the whole seconds
'.' s+   (not required) represents the fractional seconds
zzzzzz   (required) represents the timezone (as described below)

Timezones, required, are durations with (integer-valued) hour and minute properties in the form: ('+' | '-') hh ':' mm
hh   a two-digit numeral (with leading zeros as required) that represents the hours
mm   a two-digit numeral that represents the minutes
'+'   a nonnegative duration
'-'   a nonpositive duration

eDevice.03 – Medical Event Type

Definition
The type of event documented by the medical device.

Location in Runform
Section	Vitals and Treatment	Panel	ECG Monitor Imports

State Requirements
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints
Data Type	String	minLength	0	maxLength	255

Code List
Displayed Label	Code	Description (Data Base Name)	Req
12-Lead ECG	4103001	12-Lead ECG	R
Analysis (Button Pressed)	4103003	Analysis (Button Pressed)	R
CO2	4103005	CO2	R
Date Transmitted	4103007	Date Transmitted	R
Defibrillation	4103009	Defibrillation	R
ECG-Monitor	4103011	ECG-Monitor	R
Heart Rate	4103013	Heart Rate	R
Invasive Pressure 1	4103015	Invasive Pressure 1	R
Invasive Pressure 2	4103017	Invasive Pressure 2	R
No Shock Advised	4103019	No Shock Advised	R
Non-Invasive BP	4103021	Non-Invasive BP	R
Other	4103023	Other	R
Pacing Electrical Capture	4103025	Pacing Electrical Capture	R
Pacing Started	4103027	Pacing Started	R
Pacing Stopped	4103029	Pacing Stopped	R
Patient Connected	4103031	Patient Connected	R
Power On	4103033	Power On	R
Pulse Oximetry	4103035	Pulse Oximetry	R
Pulse Rate	4103037	Pulse Rate	R
Respiratory Rate	4103039	Respiratory Rate	R

Shock Advised	4103041	Shock Advised	R
Sync Off	4103043	Sync Off	R
Sync On	4103045	Sync On	R
Temperature 1	4103047	Temperature 1	R
Temperature 2	4103049	Temperature 2	R
12-Lead ECG	4103001	12-Lead ECG	R
Analysis (Button Pressed)	4103003	Analysis (Button Pressed)	R
CPR Assist Device	it4103.104	CPR Assist Device	QR
4 Lead ECG	it4103.105	4 Lead ECG	QR

Comments

eDevice.04 – Medical Device Waveform Graphic Type

Definition

The description of the waveform file stored in Waveform Graphic (eDevice.05)

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Imports

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	String	minLength	1	maxLength	255

Comments

The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc. For a list of additional extensions reference the following website(s):

3D Image formats: http://www.fileinfo.com/filetypes/3d_image

Raster Image formats: http://www.fileinfo.com/filetypes/raster_image

Vector Image formats: http://www.fileinfo.com/filetypes/vector_image

Video formats: http://www.fileinfo.com/filetypes/video

Audio formats: http://www.fileinfo.com/filetypes/audio

Comparison of formats:

Image: http://en.wikipedia.org/wiki/Comparison_of_image_file_formats

Audio: http://en.wikipedia.org/wiki/Audio_file_format

Container: http://en.wikipedia.org/wiki/Comparison_of_container_formats

A general list of image formats: http://en.wikipedia.org/wiki/Image_file_formats

Mime Types: http://en.wikipedia.org/wiki/Internet_media_type

eDevice.05 – Medical Device Waveform Graphic

Definition

The graphic waveform file.

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Imports

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	base64Binary				

Comments

eDevice.08 - Medical Device ECG Interpretation

Definition

The interpretation of the rhythm by the device (if appropriate for the event)

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Imports

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	String	minLength	1	maxLength	2000

Comments

The rhythm interpretation text imported from the device.

eDevice.10 – Shock or Pacing Energy

Definition

The energy (in joules) used for the shock or pacing (if appropriate for the event)

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Import

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	decimal	Total Digits	5	FractionDigits	1	minInclusive	1	maxInclusive	9000

Comments

eDevice.11 – Total Number of Shocks Delivered

Definition

The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter.

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Import

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	integer	minLength	0	maxLength	100

Comments

eDevice.12 – Pacing Rate

Definition

The rate the device was calibrated to pace during the event, if appropriate.

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Import

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	integer	minLength	0	maxLength	1000

Comments

itDevice.005 – EKG Comments

Definition
EKG Comments

Location in Runform

Section	Vitals and Treatment	Panel	ECG Monitor Imports

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	String	minLength	0	maxLength	500

Comments

eDispatch.01 – Dispatch Reason

Definition
The complaint dispatch reported to the responding unit.

Location in Runform

Section	Dispatch	Panel	Dispatch Information

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Abdominal Pain/Problems (1)	2301001	Abdominal Pain/Problems	QR
Allergic Reaction / Stings / Bites (2)	2301003	Allergic Reaction/Stings	R
Animal Bite / Attacks (3)	2301005	Animal Bite	R
Assault (4)	2301007	Assault	R
	2301009	Automated Crash Notification	R
Back Pain (Non-Traumatic) (5)	2301011	Back Pain (Non-Traumatic)	R
Breathing Problems (6)	2301013	Breathing Problem	R
Burns / Explosion (7)	2301015	Burns/Explosion	R
Carbon Monoxide /Hazmat /Inhalation /CBRN (8)	2301017	Carbon Monoxide/Hazmat/Inhalation/CBRN	R
Cardiac Arrest / Death (9)	2301019	Cardiac Arrest/Death	R
Chest Pain (Non-Traumatic) (10)	2301021	Chest Pain (Non-Traumatic)	R
Choking (11)	2301023	Choking	R
Seizure (12)	2301025	Convulsions/Seizure	R
Diabetic Problem (13)	2301027	Diabetic Problem	R
Electrocution / Lightning (15)	2301029	Electrocution/Lightning	R
Eye Problem / Injury (16)	2301031	Eye Problem/Injury	R
Falls (17)	2301033	Falls	R
Headache (18)	2301037	Headache	R
Healthcare Professional / Admission (35)	2301039	Healthcare Professional/Admission	R
Heart Problems / AICD (19)	2301041	Heart Problems/AICD	R
Heat / Cold Exposure (20)	2301043	Heat/Cold Exposure	R
Hemorrhage / Laceration / Bleeding (21)	2301045	Hemorrhage/Laceration	R

Inaccessible Incident/ Entrapments (Non-Vehicle) (22)	2301047	Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)	R
Medical Alarm (32)	2301049	Medical Alarm	R
No Other Appropriate Choice	2301051	No Other Appropriate Choice	R
Overdose / Misuse of Meds /Poisoning (23)	2301053	Overdose/Poisoning/Ingestion	R
	2301055	Pandemic/Epidemic/Outbreak	R
Pregnancy / Childbirth / Miscarriage (24)	2301057	Pregnancy/Childbirth/Miscarriage	R
Psychiatric / Behavioral /Suicide Attempt (25)	2301059	Psychiatric Problem/Abnormal Behavior/Suicide Attempt	R
Sick Person (26)	2301061	Sick Person	R
Stab / Gunshot / Penetrating Trauma (27)	2301063	Stab/Gunshot Wound/Penetrating Trauma	R
Standby	2301065	Standby	R
Stroke / CVA / TIA (28)	2301067	Stroke/CVA	R
MVC / Transportation Incident (29)	2301069	Traffic/Transportation Incident	R
Interfacility Transfer/Medical Transport (33)	2301071	Transfer/Interfacility/Palliative Care	R
Traumatic Injury (30)	2301073	Traumatic Injury	R
Well Person Check	2301075	Well Person Check	R
Unconscious / Syncope (31)	2301077	Unconscious/Fainting/Near-Fainting	R
Unknown Problem / Person Down (32)	2301079	Unknown Problem/Person Down	R
Drowning / Diving / SCUBA Accident (14)	2301081	Drowning/Diving/SCUBA Accident	R
Airmedical Transport	2301083	Airmedical Transport	R
Alcohol Intoxication	it2301.118	Alcohol Intoxication	QR
Altered Mental Status (26)	it2301.108	Altered Mental Status	QR
Auto vs. Pedestrian (29)	it2301.105	Auto vs. Pedestrian	QR
Dehydration (26)	it2301.179	Dehydration	QR
Dizziness (26)	it.2301.174	Dizziness	QR
Fever (26)	it2301.180	Fever	QR
Fracture (30)	it2301.160	Fracture	QR
Hanging (30)	it2301.161	Hanging	QR
Head Injury (30)	it2301.173	Head Injury	QR
Intercept	it2301.101	Intercept	QR
Lift / Invalid Assist	it2301.109	Lift / Invalid Assist	QR
Medication Reaction (Not Allergic)	it2301.114	Medication Reaction (Not Allergic)	QR
Nausea / Vomiting (26)	it2301.124	Nausea / Vomiting	QR
Pain (26)	it2301.104	Pain	QR
Respiratory Arrest (6)	it2301.107	Respiratory Arrest	QR
Safe Station Drug Program	it2301.216	Safe Station Drug Program	QR
Search and Rescue	it2301.117	Search and Rescue	QR
Walkin (EMS Related)	it2301.163	Walkin (EMS Related)	QR
MIHC / CP / Home Health Visit (35)	it2301.164	MIHC / CP / Home Health Visit	QR
Automated Crash Notification (34)	2301009	Automated Crash Notification	R

Comments

Added Pandemic/Epidemic/Outbreak.
Added Automated Crash Notification
Added Healthcare Professional Admission
Added Transfer/Interfacility/Palliative Care
- Other entries expanded based on current national EMD Dispatch Lis

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
83	Complaint Reported by Dispatch is a mandatory Field	25	National	Error

eDispatch.02 – EMD Performed

Definition

Indication of whether Emergency Medical Dispatch was performed for this EMS event.

Location in Runform

Section	Defaulted NEMSIS Info	Panel	NEMSIS National Defaults

State Requirements

NH State Usage	Defaulted	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Yes, UNKNOWN Pre-Arrival Instructions	2302007	Yes, Unknown if Pre-Arrival Instructions Given	R
Yes, WITH Pre-Arrival Instructions	2302003	Yes, With Pre-Arrival Instructions	R
Yes, WITHOUT Pre-Arrival Instructions	2302005	Yes, Without Pre-Arrival Instructions	R
No	2302001	No	R

Comments

Defaulted to **Yes, UNKOWN Pre-Arrival Instructions** for every record

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
178	EMD Performed?	10	National	Warning

eDispatch.05 – Dispatch Priority (Patient Acuity)

Definition

The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.

Location in Runform

Section	Dispatch	Panel	Dispatch Information

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Alpha	it2305.119	Alpha	R
Bravo	it2305.104	Bravo	R
Charlie	it2305.105	Charlie	R
Delta	it2305.106	Delta	R
Echo	it2305.109	Echo	R
Omega	it2305.111	Omega	R
Not Available	it2305.118	Not Available	R

Comments

The use of acuity values vary by EMS agency. Some systems may utilize fewer than four levels and some more. The use of four levels is to capture the majority and allow for the inclusion of the NHTSA National EMS Core Content definitions for patient acuity, specifically: Critical, Emergent, and Lower Acuity.

eDisposition.01 – Destination/Transferred To, Name

Definition

The Destination the patient was delivered or transferred to.

Location in Runform

Section	Transport	Panel	Transfer of Care
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Qualified Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	2	maxLength	100

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Not Applicable	7701001	Not Applicable	QR
Not Recorded	7701003	Not Recorded	QR
No Reporting	7701005	Not Reporting	QR

Comments

Recommended State data element since no national code for destination. May be populated from the list in dFacility.02 (Facility Name).

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
499	You must choose a landing zone for destination name	10	State	Error
954	If you did not transport a patient then the destination must be blank or N/A.	25	Logical	Warning
774	You must choose a hospital or landing zone from the state list if this was a 911 call and patient was transported or transferred to another service. Please contact your state	25	State	Error

Version 3.4.2.2

	TEMSIS administrator at 603.223.4200 for guidance.			
163	Where did the transporting agency take the patient? (Required for hospital access to this record)	25	State	Error

eDisposition.03 - Destination Street Address

Definition
The street address of the destination the patient was delivered or transferred to

Location in Runform			
Section	Transport	Panel	Transfer of care
Section	Transport	Panel	Destination Information

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	String	**minLength**	1	**maxLength**	255

Comments
May be auto-populated if list created in dFacility.07 (Facility Street Address).

72   Version 3.4.2.2

eDisposition.04 – Destination City

Definition

The city of the destination the patient was delivered or transferred to (physical address)

Location in Runform

Section	Transport	Panel	Transfer of Care
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Comments

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

eDisposition.05 – Destination State

Definition
The state of the destination the patient was delivered or transferred to.

Location in Runform

Section	Transport	Panel	Transfer of Care
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	String	Pattern	[0-9]{2}		

Comments
Based on the ANSI Code. May be auto-populated if list created in dFacility.09 (Facility State).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
893	When a destination is entered, the destination state must also be entered	10	National	Warning

eDisposition.06 – Destination County

Definition
The destination county in which the patient was delivered or transferred to.

Location in Runform			
Section	Transport	Panel	Destination Information

State Requirements			
NH State Usage	Qualified Requirment	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints	
Pattern	[0-9]{5}

Comments
May be auto-populated if list created in dFacility.11 (Facility County). Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event. GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
894	When a destination is entered, the destination county must also be entered	10	National	Warning

eDisposition.07 – Destination ZIP Code

Definition

The destination ZIP code in which the patient was delivered or transferred to.

Location in Runform

Section	Transport	Panel	Transfer of Care
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Comments

May be auto-populated if list created in dFacility.10 (Facility ZIP Code).

ZIP Codes Product Website: https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/
Product: USA - 5-digit ZIP Code Database, Commercial Edition

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
143	Destination ZIP Code is a required field when Patient was transported to a Destination.	10	National	Warning

eDisposition.08 – Destination Country

Definition
The country of the destination.

Location in Runform			
Section	Transport	Panel	Destination Information

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	String	minLength	0	maxLength	2

Comments
May be auto-populated if list created in dFacility.12 (Facility Country).

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

eDisposition.09 – Destination GPS Location

Definition
The destination GPS Coordinates to which the patient was delivered or transferred to.

Location in Runform			
Section	Transport	Panel	Destination Information

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints	
Pattern	(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9]|[0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9]|[1-9][0-9]|[0-9])(\.[0-9]{1,6})?)

Comments
May be auto-populated if list created in dFacility.13 (Facility GPS Location). The pattern for GPS location is in the format "latitude,longitude" where: - latitude has a minimum of -90 and a maximum of 90 with up to 6 decimal places - longitude has a minimum of -180 and a maximum of 180 with up to 6 decimal places

eDisposition.11 – Number of Patients Transported in this EMS Unit

Definition
The number of patients transported by this EMS Crew and Unit

Location in Runform			
Section	Scene/Situation	Panel	Situation
Section	Transport	Panel	Patient Movement

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints					
Data Type	positiveInteger	**minLength**	1	**maxLength**	100

Comments
Added to document multiple patients being transported with the same vehicle and crew.

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
164	There were multiple patients on scene, how many were transported in this unit?	5	State	Warning

eDisposition.12 – Incident/Patient Disposition

Definition
Type of disposition treatment and/or transport of the patient by this EMS Unit

Location in Runform			
Section	Scene/Situation	Panel	Situation

State Requirements			
NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements				
National Element	Yes	Mandatory	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	Single-Select				

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
(BLS Care) Pt Eval & Tx in THIS EMS Unit	4212033	Patient Treated, Transported by this EMS Unit	R
(ALS Care) Pt Eval & Tx in THIS EMS Unit	it4212.117	Treat / Transport ALS by this unit	QR
(ALS Intercept) Pt Eval & Tx in OTHER EMS Unit	it4212.142	Patient Treated, Transported with this EMS Crew in Another Vehicle	QR
(BLS Care) Pt Eval & Transfer to OTHER EMS Unit	4212031	Patient Treated, Transferred Care to Another EMS Unit	R
(ALS Care) Pt Eval & Transfer to OTHER EMS Unit	it4212.129	Patient Treated, Transferred Care to Another EMS Unit (ALS Care)	QR
Assisted Primary Agency (No Care)	4212001	Assist, Agency	R
(BLS Interfacility) Tx by THIS EMS Unit	it4212.144	BLS Interfacility	QR
(AEMT Interfacility) Tx by THIS EMS Unit	it4212.143	ALS Interfacility	QR
(PIFT Interfacility) Tx by THIS EMS Unit	it4212.127	Patient Treated, Transported by this EMS Unit (PIFT Care)	QR
(EMS + Hosp. Staff Interfacility) Tx in THIS EMS UNIT	it4212.128	Patient Treated, Transported by this EMS Unit (EMS + Hospital Staff Care)	QR
(AMT/CCT) Pt Eval & Tx by THIS EMS Unit	it4212.101	Interfacility - CCT	QR
Pt Dead at Scene, NO Resus Attempt, (NO Tx)	4212015	Patient Dead at Scene-No Resuscitation Attempted (Without Transport)	R
Pt Dead at Scene, WITH Resus Attempt, (NO Tx)	4210219	Patient Dead at Scene-Resuscitation Attempted (Without Transport)	R
Canceled, Assigned to Other Unit/Mutual Aid	it4212.108	Canceled (Request Transferred to Another Provider)	QR
Canceled, Prior to Arrival At Scene	4212007	Canceled (Prior to Arrival At Scene)	R
Canceled, No Patient Found	4212011	Canceled on Scene (No Patient Found)	R
Canceled on Scene, (No Patient Contact)	421009	Canceled on Scene (No Patient Contact)	R
Standby-Public Safety, Fire, or EMS Operational Support Provided	4212041	Standby-Public Safety, Fire, or EMS Operational Support Provided	R

Standby-No Services or Support Provided	4212039	Standby-No Services or Support Provided	R
Pt Eval, REFUSED Any Care and Transport	4212025	Patient Refused Evaluation/Care (Without Transport)	R
Pt Eval & Care Given, REFUSED Transport	4212027	Patient Treated, Released (AMA)	R
Pt Eval, NO Care or Transport Required	4212021	Patient Evaluated, No Treatment/Transport Required	R
Assist, Public	4212003	Assist, Public	R
Safe Station Drug Program Referral	it4212.148	Safe Station Drug Program Referral	QR
Pt Dead at Scene, No Resus Attempt, (w/ Tx)	4212013	Patient Dead at Scene-No Resuscitation Attempted (With Transport)	R
WCV Transport and Delivery	it4212.137	Patient Transported by Wheel Chair Van	QR

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
846	You must enter an inter-facility disposition for inter-facility service requests	10	State	Error
902	A disposition of Wheel Chair Van Transport is Not Allowed for your agency	10	State	Warning
847	No Care should be documented for standbys. If care was provided, a separate report must be submitted for that patient.	10	Logical	Warning
1026	Your agency is a non-transport agency or you have entered a non-transport role and cannot enter a transport disposition.	10	Logical	Warning
86	Incident/Patient Disposition is a mandatory field.	25	National	Error

Version 3.4.2.2

eDisposition.13 – How was the Patient Moved to Ambulance?

Definition

The method the patient was moved to the ambulance from the scene

Location in Runform

Section	Transport	Panel	Patient Movement

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Assisted/Walk	9909001	Assisted/Walk	R
Stairchair	9909011	Stairchair	R
Stretcher	9909013	Stretcher	R
Wheelchair	9909015	Wheelchair	R
Carried	9909007	Carried	R
Backboard	9909003	Backboard	R
Chair	9909005	Chair	R
Other	9909009	Other	R

Version 3.4.2.2

eDisposition.14 – Position of Patient During Transport

Definition

The position of the patient during transport from the scene

Location in Runform

Section	Transport	Panel	Patient Movement

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Car Seat	4214001	Car Seat	R
Supine (Laying Flat)	4214017	Supine	R
Semi-Fowlers (Cot Head 30-45 Degrees)	4214013	Semi-Fowlers	R
Fowlers (Cot Head 60-90 Degrees)	4214003	Fowlers (Semi-Upright Sitting)	R
Lateral Left	4214005	Lateral Left	R
Lateral Right	4214007	Lateral Right	R
Prone	4214011	Prone	R
Sitting	4214015	Sitting	R
Other	4214009	Other	R
Trendelenburg	4214019	Trendelenburg	R

eDisposition.16 – EMS Transport Method

Definition
Transport method by this EMS Unit

Location in Runform			
Section	Transport	Panel	Transport Status and Priority

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	Code	Description (Data Base Name)	Req
Ground-Ambulance	4216005	Ground-Ambulance	R
Ground-Bariatric	4216009	Ground-Bariatric	R
Air Medical-Rotor Craft	4216003	Air Medical-Roto Craft	R
Ground-ATV or Rescue Vehicle	4216007	Ground-ATV or Rescue Vehicle	R
Ground-Wheelchair Van	4216015	Ground-Wheelchair Van	R

Comments
Required if the patient is transported by EMS.

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
144	EMS Transport Method is a required field when a Patient has been transported.	25	National	Error

eDisposition.17 – Transport Priority

Definition

Indication whether the transport was emergent or non-emergent.

Location in Runform

Section	Transport	Panel	Transport Status and Priority

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Emergent (Immediate Response)	4217001	Emergent (Immediate Response)	R
Emergent Downgraded to Non-Emergent	4217003	Emergent Downgraded to Non-Emergent	R
Non-Emergent	4217005	Non-Emergent	R
Non-Emergent Upgraded to Emergent	4217007	Non-Emergent Upgraded to Emergent	R

Comments

Information now split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
145	Transport Priority is Required for Transports	25	National	Error

eDisposition.18 – Additional Transport Mode Descriptors

Definition
The documentation of transport mode techniques for this EMS response

Location in Runform			
Section	Transport	Panel	Transport Status and Priority

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 – Not Recorded	

Constraints					
Data Type	String	**minLength**	0	**maxLength**	255

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Lights and Sirens	4218011	Lights and Sirens	R
No Lights or Sirens	4218015	No Lights or Sirens	R
Intersection Navigation – With Automated Light Changing Technology	4218003	Intersection Navigation-With Automated Light Changing Technology	R
Intersection Navigation – Against Normal Light Patterns	4218001	Intersection Navigation-Against Normal Light Patterns	R
Intersection Navigation – With Normal Light Patterns	4218005	Intersection Navigation-With Normal Light Patterns	R
Lights and No Sirens	4218013	Lights and No Sirens	R
Initial No Lights or Sirens, Upgraded to Lights and Sirens	4218017	Initial No Lights or Sirens, Upgraded to Lights and Sirens	R
Initial Lights and Sirens, Downgraded to No Lights or Sirens	4218019	Initial Lights and Sirens, Downgraded to No Lights or Sirens	R
Speed-Enhanced per Local Policy	4218007	Speed-Enhanced per Local Policy	R
Speed-Normal Traffic	4218009	Speed-Normal Traffic	R

Comments

Information now split between eDisposition.17 (Transport Mode from Scene) and eDisposition.18 (Additional Transport Mode Descriptors). Element eDisposition.18 (Additional Transport Mode Descriptors) has been added to document the use of lights and sirens or other descriptive information.

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
591	Cannot have "No Lights and Siren" when Lights and/or Siren have been used.	5	Logical	Warning
592	Please choose your traffic management option(s)	10	National	Warning

eDisposition.19 – Final Patient Acuity

Definition
The acuity of the Patient's condition after EMS care

Location in Runform

Section	Assessment	Panel	Working Diagnosis

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Status 1 Critical	4219001	Critical (Red)	R
Status 2 Emergent	4219003	Emergent (Yellow)	R
Status 3 Lower Acuity	4219005	Lower Acuity (Green)	R
Status 4 Non-Acute	eDisposition.19.100	Non-Acute	QR
Dead WithOUT Resuscitation Efforts	4219007	Dead without Resuscitation Efforts (Black)	R
Dead WITH Resuscitation Efforts	t4219.002	Dead With Resuscitation Efforts	R

Comments
Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at
http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
818	Must enter final patient acuity for patient contact	10	National	Warning

eDisposition.20 – Reason for Choosing Destination

Definition

The reason the unit chose to deliver or transfer the patient to the destination

Location in Runform

Section	Transport	Panel	Transfer of Care
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	String	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Closest or Primary Resource Facility	4220001	Closest Facility	R
Special Resources (AMT/Trauma/Setmi/Stroke ect)	4220021	Regional Specialty Center	R
EMS Transport Unit's Decision or Other	4220013	Other	R
Patient Preference	4220015	Patient's Choice	R
Bypass Protocol (e.g.STEMI/Stroke/OB)	4220219	Protocol	R
Med Control on Scene or Diverted During TX	4220011	On-Line/On-Scene Medical Direction	R
Primary Facility on Diversion (Pre-Announced)	4220003	Diversion	R
Patient's Physician's Choice (e.g. Transfers, Discharge)	4220017	Patient's Physician's Choice	R
Family Preference	4220005	Family Choice	R
Insurance Status (e.g. VA Patients)	4220007	Insurance Status/Requirement	R
Law Enforcement Request	4220009	Law Enforcement Choice	

Comments

Required if Patient Transported

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
147	Reason for Choosing Destination is a required field with patient arrived at destination time is not blank	25	National	Error

eDisposition.21 – Type of Destination

Definition
The type of destination the patient was delivered or transferred to

Location in Runform

Section	Transport	Panel	Transfer of Care
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Hospital-Emergency Department	4221003	Hospital-Emergency Department	R
Other EMS Responder (air)	4221015	Other EMS Responder (air)	R
Other EMS Responder (ground)	4221017	Other EMS Responder (ground)	R
Hospital-Non-Emergency Department Bed	4221005	Hospital-Non-Emergency Department Bed	R
Urgent Care	4221021	Urgent Care	R
Nursing Home/Assisted Living Facility	4221011	Nursing Home/Assisted Living Facility	R
Medical Office/Clinic	4221007	Medical Office/Clinic	R
Home	4221001	Home	R
Other	4221013		R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
148	Type of Destination is a required field when Patient was transported	25	National	Error

eDisposition.22 – Hospital In-Patient Destination

Definition
he location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab, ICU, etc.).

Location in Runform			
Section	Transport	Panel	Destination Information

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Hospital-Burn	4222001	Hospital-Burn	
Hospital-Cath Lab	4222003	Hospital-Cath Lab	
Hospital-CCU	4222005	Hospital-CCU	
Hospital-Endoscopy	4222007	Hospital-Endoscopy	
Hospital-Hospice	4222009	Hospital-Hospice	
Hospital-Hyperbaric Oxygen Treatment	4222011	Hospital-Hyperbaric Oxygen Treatment	
Hospital-ICU	4222013	Hospital-ICU	
Hospital-Labor & Delivery	4222015	Hospital-Labor & Delivery	
Hospital-Med/Surg	4222017	Hospital-Med/Surg	
Hospital-Mental Health	4222019	Hospital-Mental Health	
Hospital-MICU	4222021	Hospital-MICU	
Hospital-NICU	4222023	Hospital-NICU	
Hospital-Nursery	4222025	Hospital-Nursery	
Hospital-OR	4222031	Hospital-OR	
Hospital-Orthopedic	4222033	Hospital-Orthopedic	
Hospital-Other	4222035	Hospital-Other	
Hospital-Out-Patient Bed	4222037	Hospital-Out-Patient Bed	
Hospital-Peds (General)	4222027	Hospital-Peds (General)	

Hospital-Peds ICU	4222029	Hospital-Peds ICU	
Hospital-Radiation	4222045	Hospital-Radiation	
Hospital-Radiology Services - CT/PET	4222041	Hospital-Radiology Services - CT/PET	
Hospital-Radiology Services - MRI	4222039	Hospital-Radiology Services - MRI	
Hospital-Radiology Services - X-Ray	4222043	Hospital-Radiology Services - X-Ray	
Hospital-Rehab	4222047	Hospital-Rehab	
Hospital-SICU	4222049	Hospital-SICU	
Hospital-Oncology	4222051	Hospital-Oncology	
Hospital-Outpatient Surgery	4222053	Hospital-Outpatient Surgery	

Comments

To be documented when in eDisposition.21 "Hospital-Non-Emergency Department Bed" is selected.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
N/A				

eDisposition.23 – Hospital Capability

Definition

The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).

Location in Runform

Section	Defaulted NEMSIS Info	Panel	NEMSIS National Defaults

State Requirements

NH State Usage	Defaulted	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Hospital (General)	9908007	Hospital (General)	Defaulted

Comments

To be documented when eDisposition.21 (Type of Destination) is 1) Hospital-Emergency Department, 2) Hospital-Non-Emergency Department Bed, or 3) Freestanding Emergency Department.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
N/A	N/A			

eDisposition.24 - Destination Team Pre-Arrival Alert or Activation

Definition

Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the EMS Unit arrival at the destination with the patient.

Location in Runform

Section	History	Panel	Trauma/Self – Harm
Section	Assessment	Panel	Working Diagnosis
Section	Transport	Panel	Transport Status and Priority

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Yes – Trauma (General)	4224017	Yes – Trauma (General)	
Yes – Cardiac Arrest	4224005	Yes – Cardiac Arrest	
Yes – STEMI	4224013	Yes – STEMI	
Yes – Stroke	4224015	Yes – Stroke	
Yes – Sepsis	it4224.113	Sepsis	
Yes – Adult Trauma	4224003	Yes – Adult Trauma	
Yes – Pediatric Trauma	4224011	Yes – Pediatric Trauma	
Yes – Obstetrics	4224007	Yes – Obstetrics	
Yes – Other	4224009	Yes - Other	

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
N/A	N/A			

eDisposition.25 – Date/Time of Destination Pre-Arrival Alert or Activation

Definition

The Date/Time EMS alerted, notified, or activated the Destination Healthcare Facility prior to EMS arrival. The EMS assessment identified the patient as acutely ill or injured based on exam and possibly specified alert criteria.

Location in Runform

Section	Transport	Panel	Transport Status and Priority
Section	Assessment	Panel	Working Diagnosis
Section	History	Panel	Trauma/Self-Harm

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
852	The time of Special Teams activation is before or after this call's times.	10	National	Warning

itDisposition.032 - Received From Agency ID

Definition
Received From Agency ID

Location in Runform			
Section	Scene/Situation	Panel	Scene

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron		Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select		Is Nillable (Can be Blank)	No

Constraints						
Data Type	string	minLength	0	maxLength	50

Comments
Testing the definitions section

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
N/A	N/A			

itDisposition.033 – Received from Call Number

Definition

Received from Call Number

Location in Runform

Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	**minLength**	0	**maxLength**	50

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
N/A	N/A			

itDisposition.034 – Transferred to Agency ID

Definition
Transferred to Agency ID

Location in Runform
Section	Transport	Panel	Transfer of Care

State Requirements
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	No	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints
Data Type	string	minLength	0	maxLength	50

Comments
Testing the definitions section

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
186	The agency name to which care was transferred is required	10	State	No

itDisposition.056 – Transfer Reason Category

Definition

Transfer Reason Category

Location in Runform

Section	Dispatch Info	Panel	Dispatch Information

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Cardiac Specialty Care	itDispostion.056.001	Cardiac Specialty Care	QR
Diagnostic Testing	itDispostion.056.003	Diagnostic Testing	QR
Dialysis	itDispostion.056.004	Dialysis	QR
Extended Care	itDispostion.056.005	Extended Care	QR
Neurological Specialty Care	itDispostion.056.007	Neurological Specialty Care	QR
Palliative/Hospice Care (Home or Facility)	itDispostion.056.008	Palliative/Hospice Care (Home or Facility)	QR
Pediatric Specialty Care	itDispostion.056.009	Pediatric Specialty Care	QR
Psychiatric/Behavioral Care	itDispostion.056.010	Psychiatric/Behavioral Care	QR
Rehabilitation	itDispostion.056.011	Rehabilitation	QR
Trauma/Orthopedic Specialty Care	itDispostion.056.013	Trauma/Orthopedic Specialty Care	QR
Return Home	itDispostion.056.012	Return Home	QR
Convenience Transfer (Patient Request)	itDispostion.056.002	Convenience Transfer (Patient Request)	QR
Medical Specialty Care (Other, Not Listed)	itDispostion.056.006	Medical Specialty Care (Other, Not Listed)	QR
Surgical Specialty Care (other, Not listed)	itDispostion.056.014	Surgical Specialty Care (other, Not listed)	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
849	The reason for Transport category is required for all IFTs and medical transports	15	State	Warning

itDisposition.057 – Interfacility Transfer Working Diagnosis

Definition
Interfacility Transfer Working Diagnosis

Location in Runform			
Section	Dispatch Info	Panel	Dispatch Information

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single – Select		Is Nillable (Can be Blank)	No

Constraints					
Data Type	String	**minLength**	0	**maxLength**	255

Comments

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
848	A Justification for Transfer or Encounter or sending physician diagnosis is required for IFTs or medical transports.	15	State	Warning

eExam.01 – Estimated Body Weight in Kilograms

Definition

The patient's body weight in kilograms either measured or estimated

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Recommended	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801023 - Unable to Complete		

Constraints

Data Type	decimal	**totalDigits**	4	**fractionDigits**	1	**minInclusive**	0.1	**maxInclusive**	999.9

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
162	Estimated Body Weight in Kilograms is blank or Length Based Tape Measure is Blank	5	State	Warning

eExam.02 – Length Based Tape Measure

Definition

The length-based color as taken from the tape

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801023 - Unable to Complete		

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Grey Wt 3-5 Kg (< 59.5 cm)	3502005	Grey	
Pink Wt 6-7 Kg (59.5-66.5 cm)	3502009	Pink	
Red Wt 8-9 Kg (66.5-74 cm)	3502013	Red	
Purple Wt 10-11 Kg (74-84.5 cm)	3502011	Purple	
Yellow Wt 12-14 Kg (84.5-97.5 cm)	3502017	Yellow	
White Wt 15-18 Kg (97.5-110 cm)	3502015	White	
Blue Wt 19-22 Kg (110-112 cm)	3502001	Blue	
Orange Wt 24-30 Kg (122-137 cm)	3502007	Orange	
Green Wt 32-40 Kg (137-150 cm)	3502003	Green	

Comments

eExam.03 – Date/Time of Assessment

Definition

The date/time of the assessment

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
170	The sequence of time requires that Assessment occur after Arrived at Patient	5	State	Warning
28	Time of Assessment is a necessary field when Assessment exams are entered.	10	National	Warning

eExam.04 – Skin Assessment

Definition

The assessment findings associated with the patient's skin

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Capillary Nail Bed Refill 2-4 seconds	3504037	Capillary Nail Bed Refill 2-4 seconds	
Not Done	3504023	Not Done	
Capillary Nail Bed Refill less than 2 seconds	3504035	Capillary Nail Bed Refill less than 2 seconds	
Normal	3504021	Normal	
Capillary Nail Bed Refill more than 4 seconds	3504039	Capillary Nail Bed Refill more than 4 seconds	
Clammy	3504001	Clammy	
Cold	3504003	Cold	
Cyanotic	3504005	Cyanotic	
Diaphoretic	3504007	Diaphoretic	
Dry	3504009	Dry	
Flushed	3504011	Flushed	
Hot	3504013	Hot	
Jaundiced	3504015	Jaundiced	
Lividity	3504017	Lividity	
Mottled	3504019	Mottled	
Pale	3504025	Pale	
Poor Turgor	3504027	Poor Turgor	
Red (Erythematous)	3504029	Red (Erythematous)	
Tenting	3504031	Tenting	

Warm		3504033	Warm	

Comments

eExam.05 – Head Assessment

Definition

The assessment findings associated with the patient's head.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3505033	Normal	
Not Done	3505035	Not Done	
Abrasion	3505001	Abrasion	
Avulsion	3505003	Avulsion	
Bleeding Controlled	3505005	Bleeding Controlled	
Bleeding Uncontrolled	3505007	Bleeding Uncontrolled	
Burn-Blistering	3505009	Burn-Blistering	
Burn-Charring	3505011	Burn-Charring	
Burn-Redness	3505013	Burn-Redness	
Burn-White/Waxy	3505015	Burn-White/Waxy	
Contusion	3505051	Contusion	
Crush Injury	3505047	Crush Injury	
Decapitation	3505017	Decapitation	
Deformity	3505019	Deformity	
Drainage	3505021	Drainage	
Foreign Body	3505023	Foreign Body	
Gunshot Wound	3505045	Gunshot Wound	
Laceration	3505029	Laceration	
Mass/Lesion	3505031	Mass/Lesion	

Pain	3505037	Pain	
Puncture/Stab Wound	3505039	Puncture/Stab Wound	
Rash	it3505.001	Rash	
Swelling	3505049	Swelling	
Tenderness	3505053	Tenderness	

Comments

eExam.05 – Head Exam

Definition

The assessment findings associated with the patient's head.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3505033	Normal	
Not Done	3505035	Not Done	
Abrasion	3505001	Abrasion	
Avulsion	3505003	Avulsion	
Bleeding Controlled	3505005	Bleeding Controlled	
Bleeding Uncontrolled	3505007	Bleeding Uncontrolled	
Burn-Blistering	3505009	Burn-Blistering	
Burn-Charring	3505011	Burn-Charring	
Burn-Redness	3505013	Burn-Redness	
Burn-White/Waxy	3505015	Burn-White/Waxy	
Contusion	3505051	Contusion	
Crush Injury	3505047	Crush Injury	
Decapitation	3505017	Decapitation	
Deformity	3505019	Deformity	
Drainage	3505021	Drainage	
Foreign Body	3505023	Foreign Body	
Gunshot Wound	3505045	Gunshot Wound	
Laceration	3505029	Laceration	

Mass/Lesion	3505031	Mass/Lesion	
Pain	3505037	Pain	
Puncture/Stab Wound	3505039	Puncture/Stab Wound	
Rash	it3505.001	Rash	
Swelling	3505049	Swelling	
Tenderness	3505053	Tenderness	

Comments

Element eExam.05 - Head Assessment represents Version 2.2.1 elements E15_02 NHTSA Injury Matrix Head and E16_05 Head/Face Assessment. The element value choices have been combined and expanded.

eExam.06 – Face Assessment

Definition

The assessment findings associated with the patient's face.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3506035	Normal	
Not Done	3506037	Not Done	
Abrasion	3506001	Abrasion	
Asymmetric Smile or Droop	3506003	Asymmetric Smile or Droop	
Avulsion	3506005	Avulsion	
Bleeding Controlled	3506007	Bleeding Controlled	
Bleeding Uncontrolled	3506009	Bleeding Uncontrolled	
Burn-Blistering	3506011	Burn-Blistering	
Burn-Charring	3506013	Burn-Charring	
Burn-Redness	3506015	Burn-Redness	
Burn-White/Waxy	3506017	Burn-White/Waxy	
Contusion	3506055	Contusion	
Crush Injury	3506049	Crush Injury	
Deformity	3506021	Deformity	
Drainage	3506023	Drainage	
Foreign Body	3506025	Foreign Body	
Gunshot Wound	3506047	Gunshot Wound	
Laceration	3506031	Laceration	
Mass/Lesion	3506033	Mass/Lesion	

Pain	3506039	Pain	
Puncture/Stab Wound	3506041	Puncture/Stab Wound	
Swelling	3506053	Swelling	
Tenderness	3506051	Tenderness	

Comments

Element eExam.06 - Face Assessment represents Version 2.2.1 element E15_03 NHTSA Injury Matrix Face The element value choices have been expanded.

eExam.07 – Neck Assessment

Definition

The assessment findings associated with the patient's neck.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3507029	Normal	
Not Done	3507031	Not Done	
Abrasion	3507001	Abrasion	
Avulsion	3507003	Avulsion	
Bleeding Controlled	3507005	Bleeding Controlled	
Bleeding Uncontrolled	3507007	Bleeding Uncontrolled	
Burn-Blistering	3507009	Burn-Blistering	
Burn-Charring	3507011	Burn-Charring	
Burn-Redness	3507013	Burn-Redness	
Burn-White/Waxy	3507015	Burn-White/Waxy	
Contusion	3507055	Contusion	
Crush Injury	3507051	Crush Injury	
Decapitation	3507017	Decapitation	
Deformity	3507057	Deformity	
Foreign Body	3507019	Foreign Body	
Gunshot Wound	3507049	Gunshot Wound	
JVD	3507025	JVD	
Laceration	3507027	Laceration	
Pain	3507033	Pain	

Puncture/Stab Wound	3507035	Puncture/Stab Wound	
Rash	it3507.001	Rash	
Stiffness	it3507.002	Stiffness	
Stridor	3507037	Stridor	
Subcutaneous Air	3507039	Subcutaneous Air	
Swelling	3507053	Swelling	
Tenderness	3507059	Tenderness	
Tracheal Deviation-Left	3507045	Tracheal Deviation-Left	
Tracheal Deviation-Right	3507047	Tracheal Deviation-Right	

Comments

Element eExam.07 - Neck Assessment represents Version 2.2.1 elements E15_04 NHTSA Injury Matrix Neck and E16_06 Neck Assessment. The element value choices have been combined and expanded.

eExam.08 – Chest/Lungs Assessment

Definition
The assessment findings associated with the patient's chest/lungs

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3508053	Normal	
Not Done	3508055	Not Done	
Abrasion	3508001	Abrasion	
Accessory Muscles Used with Breathing	3508005	Accessory Muscles Used with Breathing	
Avulsion	3508003	Avulsion	
Bleeding Controlled	3508007	Bleeding Controlled	
Bleeding Uncontrolled	3508009	Bleeding Uncontrolled	
Breath Sounds-Absent-Left	3508011	Breath Sounds-Absent-Left	
Breath Sounds-Absent-Right	3508013	Breath Sounds-Absent-Right	
Breath Sounds-Decreased Left	3508015	Breath Sounds-Decreased Left	
Breath Sounds-Decreased Right	3508017	Breath Sounds-Decreased Right	
Breath Sounds-Equal	3508019	Breath Sounds-Equal	
Breath Sounds-Normal-Left	3508021	Breath Sounds-Normal-Left	
Breath Sounds-Normal-Right	3508023	Breath Sounds-Normal-Right	
Burn-Blistering	3508025	Burn-Blistering	
Burn-Charring	3508027	Burn-Charring	
Burn-Redness	3508029	Burn-Redness	
Burn-White/Waxy	3508031	Burn-White/Waxy	
Contusion	3508101	Contusion	

Crush Injury	3508033	Crush Injury	
Deformity	3508035	Deformity	
Flail Segment-Left	3508037	Flail Segment-Left	
Flail Segment-Right	3508039	Flail Segment-Right	
Foreign Body	3508041	Foreign Body	
Gunshot Wound	3508097	Gunshot Wound	
Implanted Device	3508049	Implanted Device	
Increased Respiratory Effort	3508047	Increased Respiratory Effort	
Laceration	3508051	Laceration	
Pain	3508057	Pain	
Pain with Inspiration/expiration-Left	3508059	Pain with Inspiration/expiration-Left	
Pain with Inspiration/expiration-Right	3508061	Pain with Inspiration/expiration-Right	
Pain/Pressure Radiating to Neck/Back/Arms	it3508.001	Pain/Pressure Radiating to Neck/Back/Arms	
Puncture/Stab Wound	3508063	Puncture/Stab Wound	
Rales-Left	3508065	Rales-Left	
Rales-Right	3508067	Rales-Right	
Rash	it3508.002	Rash	
Retraction	3508069	Retraction	
Rhonchi-Left	3508071	Rhonchi-Left	
Rhonchi-Right	3508073	Rhonchi-Right	
Rhonchi/Wheezing	3508075	Rhonchi/Wheezing	
Sounds Present At Apexes	it3508.003	Sounds Present At Apexes	
Sounds Present At Bases	it3508.004	Sounds Present At Bases	
Stridor-Left	3508077	Stridor-Left	
Stridor-Right	3508079	Stridor-Right	
Swelling	3508099	Swelling	
Tenderness-General	3508103	Tenderness-General	
Tenderness-Left	3508085	Tenderness-Left	
Tenderness-Right	3508087	Tenderness-Right	
Wheezing-Expiratory - Left	3508089	Wheezing-Expiratory - Left	
Wheezing-Expiratory - Right	3508091	Wheezing-Expiratory - Right	
Wheezing-Inspiratory - Left	3508093	Wheezing-Inspiratory - Left	
Wheezing-Inspiratory - Right	3508095	Wheezing-Inspiratory - Right	

Comments

Element eExam.08 - Chest/Lungs Assessment represents Version 2.2.1 element E16_07 Chest/Lungs Assessment. The element value choices have been expanded.

eExam.09 – Heart Assessment

Definition
The assessment findings associated with the patient's heart

Location in Runform
Section	Assessment	Panel	Exam

State Requirements
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Single

Attributes
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints
Data Type	string	minLength	0	maxLength	255

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Normal	3509009	Normal	
Not Done	3509011	Not Done	
Clicks	3509001	Clicks	
Heart Sounds Decreased	3509003	Heart Sounds Decreased	
Murmur-Diastolic	3509005	Murmur-Diastolic	
Murmur-Systolic	3509007	Murmur-Systolic	
Rubs	3509013	Rubs	
S1	3509015	S1	
S2	3509017	S2	
S3	3509019	S3	
S4	3509021	S4	

Comments

eExam.10 – Abdominal Assessment Finding Location

Definition
The locations of the patient's abdomen assessment findings

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Generalized	3510001	Generalized	
Left Lower Quadrant	3510003	Left Lower Quadrant	
Left Upper Quadrant	3510005	Left Upper Quadrant	
Periumbilical	3510007	Periumbilical	
Right Lower Quadrant	3510009	Right Lower Quadrant	
Right Upper Quadrant	3510009	Right Upper Quadrant	
Epigastric	3510013	Epigastric	

eExam.11 – Abdomen Assessment

Definition
The assessment findings associated with the patient's abdomen

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3511037	Normal	
Not Done	3511039	Not Done	
Abrasion	3511001	Abrasion	
Avulsion	3511003	Avulsion	
Bleeding Controlled	3511005	Bleeding Controlled	
Bleeding Uncontrolled	3511007	Bleeding Uncontrolled	
Bowel Sounds-Absent	3511009	Bowel Sounds-Absent	
Bowel Sounds-Present	3511011	Bowel Sounds-Present	
Burn-Blistering	3511013	Burn-Blistering	
Burn-Charring	3511015	Burn-Charring	
Burn-Redness	3511017	Burn-Redness	
Burn-White/Waxy	3511019	Burn-White/Waxy	
Contusion	3511059	Contusion	
Crush Injury	3511055	Crush Injury	
Deformity	3511061	Deformity	
Distention	3511021	Distention	
Foreign Body	3511023	Foreign Body	
Guarding	3511025	Guarding	
Gunshot Wound	3511053	Gunshot Wound	

Laceration	3511031	Laceration	
Mass/Lesion	3511033	Mass/Lesion	
Mass-Pulsating	3511035	Mass-Pulsating	
Pain	3511041	Pain	
Pregnant-Palpable Uterus	3511043	Pregnant-Palpable Uterus	
Puncture/Stab Wound	3511045	Puncture/Stab Wound	
Rash	it3511.001	Rash	
Rebound Tenderness	3511063	Rebound Tenderness	
Swelling	3511057	Swelling	
Tenderness	3511051	Tenderness	
Rigidity	3511065	Rigidity	

Comments

eExam.12 – Pelvis/Genitourinary Assessment

Definition
The assessment findings associated with the patient's pelvis/genitourinary

Location in Runform			
Section	Assessment	Panel	Exam

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional / Single	Allows NOT Values	No
Recurrence of Values	Multi-Select		Is Nillable (Can be Blank)	No

Attributes		
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints					
Data Type	string	**minLength**	0	**maxLength**	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3512037	Normal	QR
Not Done	3512039	Not Done	
Abrasion	3512001	Abrasion	
Avulsion	3512003	Avulsion	
Bleeding Controlled	3512005	Bleeding Controlled	
Bleeding Uncontrolled	3512007	Bleeding Uncontrolled	
Bleeding-Rectal	3512009	Bleeding-Rectal	
Bleeding-Urethral	3512011	Bleeding-Urethral	
Bleeding-Vaginal	3512013	Bleeding-Vaginal	
Burn-Blistering	3512015	Burn-Blistering	
Burn-Charring	3512017	Burn-Charring	
Burn-Redness	3512019	Burn-Redness	
Burn-White/Waxy	3512021	Burn-White/Waxy	
Contusion	3512065	Contusion	
Crush Injury	3512061	Crush Injury	
Deformity	3512023	Deformity	

Discharge	it3512.110	Discharge	
Foreign Body	3512025	Foreign Body	
Genital Injury	3512027	Genital Injury	
Gunshot Wound	3512059	Gunshot Wound	
Laceration	3512033	Laceration	
Mass/Lesion	3512035	Mass/Lesion	
Pain	3512041	Pain	
Pelvic Fracture	3512043	Pelvic Fracture	
Pelvic Instability	3512045	Pelvic Instability	
Penile Priapism/Erection	3512047	Penile Priapism/Erection	
Pregnant-Crowning	3512049	Pregnant-Crowning	
Puncture/Stab Wound	3512051	Puncture/Stab Wound	
Swelling	3512063	Swelling	
Tenderness	3512057	Tenderness	

Comments

eExam.13 – Back and Spine Assessment Finding Location

Definition
The location of the patient's back and spine assessment findings

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	no	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Back-General	3513001	Back-General	QR
Cervical-Midline	3513005	Cervical-Midline	
Thoracic-Midline	3513017	Thoracic-Midline	
Lumbar-Midline	3513011	Lumbar-Midline	
Sacral-Midline	3513023	Sacral-Midline	
Cervical-Left	3513003	Cervical-Left	
Cervical-Right	3513007	Cervical-Right	
Thoracic-Left	3513015	Thoracic-Left	
Thoracic-Right	3513019	Thoracic-Right	
Lumbar-Left	3513009	Lumbar-Left	
Lumbar-Right	3513013	Lumbar-Right	
Sacral-Left	3513021	Sacral-Left	
Sacral-Right	3513025	Sacral-Right	

Comments

eExam.13 – Back and Spine Assessment

Definition
The assessment findings associated with the patient's spine (Cervical, Thoracic, Lumbar, and Sacral) and back exam.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3514027	Normal	
Not Done	3514029	Not Done	
Tenderness Midline Spinous Process	3514043	Tenderness Midline Spinous Process	
Tenderness Paraspinous	3514045	Tenderness Paraspinous	
Deformity	3514017	Deformity	
Pain	3514031	Pain	
Pain with Range of Motion	3514033	Pain with Range of Motion	
Contusion	3514053	Contusion	
Abrasion	3514001	Abrasion	
Avulsion	3514003	Avulsion	
Bleeding Controlled	3514005	Bleeding Controlled	
Bleeding Uncontrolled	3514007	Bleeding Uncontrolled	
Burn-Blistering	3514009	Burn-Blistering	
Burn-Charring	3514011	Burn-Charring	
Burn-Redness	3514013	Burn-Redness	
Burn-White/Waxy	3514015	Burn-White/Waxy	
Crush Injury	3514049	Crush Injury	
Foreign Body	3514019	Foreign Body	
Gunshot Wound	3514047	Gunshot Wound	

Laceration	3514025	Laceration	
Puncture/Stab Wound	3514035	Puncture/Stab Wound	
Swelling	3514051	Swelling	
Tenderness	3514055	Tenderness	
Tenderness Costovertebral Angle	3514041	Tenderness Costovertebral Angle	

Comments

eExam.15 – Extremity Assessment Finding Location

Definition

The location of the patient's extremity assessment findings.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Arm-Upper-Left	3515005	Arm-Upper-Left	
Arm-Upper-Right	3515007	Arm-Upper-Right	
Hand-Dorsal-Left	3515041	Hand-Dorsal-Left	
Hand-Dorsal-Right	3515043	Hand-Dorsal-Right	
Shoulder-Left	3515065	Shoulder-Left	
Shoulder-Right	3515067	Shoulder-Right	
Elbow-Left	3515009	Elbow-Left	
Elbow-Right	3515011	Elbow-Right	
Wrist-Left	3515093	Wrist-Left	
Wrist-Right	3515095	Wrist-Right	
Finger-2nd (Index)-Left	3515013	Finger-2nd (Index)-Left	
Finger-2nd (Index)-Right	3515015	Finger-2nd (Index)-Right	
Hip-Left	3515049	Hip-Left	
Hip-Right	3515051	Hip-Right	
Leg-Upper-Left	3515061	Leg-Upper-Left	
Leg-Upper-Right	3515063	Leg-Upper-Right	
Knee-Left	3515053	Knee-Left	
Knee-Right	3515055	Knee-Right	
Leg-Lower-Left	3515057	Leg-Lower-Left	
Leg-Lower-Right	3515059	Leg-Lower-Right	
Ankle-Left	3515001	Ankle-Left	
Ankle-Right	3515003	Ankle-Right	
Foot-Dorsal-Left	3515029	Foot-Dorsal-Left	
Foot-Dorsal-Right	3515031	Foot-Dorsal-Right	
Toe-1st (Big)-Left	3515073	Toe-1st (Big)-Left	
Toe-1st (Big)-Right	3515075	Toe-1st (Big)-Right	

Comments

Comments

eExam.16 – Extremities Assessment

Definition
The assessment findings associated with the patient's extremities

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type		minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Normal	3516049	Normal	
Not Done	3516051	Not Done	
Abrasion	3516001	Abrasion	
Amputation-Acute	3516003	Amputation-Acute	
Amputation-Previous	3516005	Amputation-Previous	
Avulsion	3516007	Avulsion	
Bleeding Controlled	3516009	Bleeding Controlled	
Bleeding Uncontrolled	3516011	Bleeding Uncontrolled	
Burn-Blistering	3516013	Burn-Blistering	
Burn-Charring	3516015	Burn-Charring	
Burn-Redness	3516017	Burn-Redness	
Burn-White/Waxy	3516019	Burn-White/Waxy	
Clubbing (of fingers)	3516021	Clubbing (of fingers)	
Cold Extremity	it3516.001	Cold Extremity	
Contusion	3516081	Contusion	
Crush Injury	3516023	Crush Injury	
Deformity	3516025	Deformity	
Dislocation	3516027	Dislocation	
Edema	3516029	Edema	

Foreign Body	3516031	Foreign Body	
Fracture-Closed	3516033	Fracture-Closed	
Fracture-Open	3516035	Fracture-Open	
Gunshot Wound	3516077	Gunshot Wound	
Laceration	3516041	Laceration	
Motor Function-Abnormal/Weakness	3516043	Motor Function-Abnormal/Weakness	
Motor Function-Absent	3516045	Motor Function-Absent	
Motor Function-Normal	3516047	Motor Function-Normal	
Pain	3516053	Pain	
Paralysis	3516055	Paralysis	
Pulse-Abnormal	3516057	Pulse-Abnormal	
Pulse-Absent	3516059	Pulse-Absent	
Pulse-Normal	3516061	Pulse-Normal	
Puncture/Stab Wound	3516063	Puncture/Stab Wound	
Sensation-Abnormal	3516065	Sensation-Abnormal	
Sensation-Absent	3516067	Sensation-Absent	
Sensation-Normal	3516069	Sensation-Normal	
Swelling	3516079	Swelling	
Tenderness	3516075	Tenderness	
Arm Drift	3516083	Arm Drift	

Comments

eExam.17 – Eye Assessment Finding Location

Definition
The location of the patient's eye assessment findings

Location in Runform
Section	Assessment	Panel	Exam

State Requirements
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Bilateral	3517001	Bilateral	R
Left	3517003	Left	R
Right	3517005	Right	R

Comments

eExam.18 – Eye Assessment

Definition

The assessment findings of the patient's eye examination

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
1-mm	3518001	1-mm	
2-mm	3518003	2-mm	
3-mm	3518005	3-mm	
4-mm	3518007	4-mm	
5-mm	3518009	5-mm	
6-mm	3518011	6-mm	
7-mm	3518013	7-mm	
8-mm or >	3518015	8-mm or >	
Blind	3518017	Blind	
Cataract Present	3518019	Cataract Present	
Clouded	3518021	Clouded	
Deformity	3518023	Deformity	
Dysconjugate Gaze	3518025	Dysconjugate Gaze	
Foreign Body	3518027	Foreign Body	
Glaucoma Present	3518029	Glaucoma Present	
Hyphema	3518031	Hyphema	

Jaundiced Sclera	3518033	Jaundiced Sclera	
Missing	3518035	Missing	
Non-Reactive	3518037	Non-Reactive	
Not Done	3518039	Not Done	
Non-Reactive Prosthetic	3518041	Non-Reactive Prosthetic	
Nystagmus Noted	3518043	Nystagmus Noted	
Open Globe	3518045	Open Globe	
PERRL	3518047	PERRL	
Pupil-Irregular/Teardrop	3518049	Pupil-Irregular/Teardrop	
Reactive	3518051	Reactive	
Sluggish	3518053	Sluggish	
Swelling	3518055	Swelling	
Contusion	3518057	Contusion	
Puncture/Stab Wound	3518059	Puncture/Stab Wound	

Comments

eExam.19 – Mental Status Assessment

Definition
The assessment fidnings of the patient's mental status examination.

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Not Done	3519009	Not Done	R
Normal Baseline for Patient	3519007	Normal Baseline for patient	R
Awake	it3519.106	Awake	R
Alert	it3519.105	Alert	R
Oriented – Person	3519011	Oriented – Person	R
Oriented – Place	3519013	Oriented – Place	R
Oriented – Time	3519017	Oriented – Time	R
Oriented – Event	3519015	Oriented – Event	R
Responsive to verbal stimuli	it3519.103	Responsive to verbal stimuli	R
Responsive to Painful stimuli	it3519.102	Responsive to Painful stimuli	R
Unresponsive	3519021	Unresponsive	R
Agitation	3519023	Agitation	R
Combative	3519001	Combative	R
Confused	3519003	Confused	R
Hallucination	3519005	Hallucination	R
Incoherent	it3519.101	Incoherent	R
Perseveration (uncontrolled Verbal repetition)	it3519.100	Perseveration (uncontrolled verbal repetition)	R
Pharmacologically Sedated/Paralyzed	3519019	Pharmacologically Sedated/Paralyzed	R
Somnolent (drowsy, Groggy)	3519025	Somnolent	R

Stupor (asleep w/out continual stimulation)	3519027	Stupor	R
Uncooperative	it3519.104	Uncooperative	R

Comments

eExam.20 – Neurological Assessment

Definition

The assessment findings of the patient's neurological examination

Location in Runform

Section	Assessment	Panel	Exam

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present		

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Aphagia	3520001	Aphagia	R
Aphasia	3520003	Aphasia	R
Cerebellar Function-Abnormal	3520005	Cerebellar Function-Abnormal	R
Cerebellar Function-Normal	3520007	Cerebellar Function-Normal	R
Decerebrate Posturing	3520009	Decerebrate Posturing	R
Decorticate Posturing	3520011	Decorticate Posturing	R
Gait-Abnormal	3520013	Gait-Abnormal	R
Gait-Normal	3520015	Gait-Normal	R
Hemiplegia-Left	3520017	Hemiplegia-Left	R
Hemiplegia-Right	3520019	Hemiplegia-Right	R
Normal Baseline for Patient	3520021	Normal Baseline for Patient	R
Not Done	3520023	Not Done	R
Seizures	3520025	Seizures	R
Speech Normal	3520027	Speech Normal	R
Speech Slurring	3520029	Speech Slurring	R
Strength-Asymmetric	3520031	Strength-Asymmetric	R

Strength-Normal	3520033	Strength-Normal	R
Strength-Symmetric	3520035	Strength-Symmetric	R
Tremors	3520037	Tremors	R
Weakness-Facial Droop-Left	3520039	Weakness-Facial Droop-Left	R
Weakness-Facial Droop-Right	3520041	Weakness-Facial Droop-Right	R
Weakness-Left Sided	3520043	Weakness-Left Sided	R
Weakness-Right Sided	3520045	Weakness-Right Sided	R
Arm Drift-Left	3520051	Arm Drift-Left	R
Arm Drift-Right	3520053	Arm Drift-Right	R
Postictal	it3520.001	Postictal	R

Comments

eExam.21 – Stroke/CVA Symptoms Resolved

Definition

Indication if the Stroke/CVA symptoms resolved and when.

Location in Runform

Section	Assessment	Panel	Stroke

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801023 - Unable to Complete		

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	3521001	No	R
Yes – Resolved prior to EMS arrival	3521003	Yes – Resolved prior to EMS Arrival	R
Yes – Resolved in EMS Presence	3521005	Yes – Resolved in EMS Presence	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
528	If you have a stroke diagnosis you must enter if stroke symptoms resolved	10	State	Warning

eHistory.01 – Barriers to Patient Care

Definition
Indication of whether or not there were any patient specific barriers to serving the patient at the scene

Location in Runform
Section	Assessment	Panel	Working Diagnosis

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Data Type	string	minLength	0	maxLength	255

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Cultural, Custom, Religious	3101001	Cultural, Custom, Religious	R
Developmentally Impaired	3101003	Developmentally Impaired	R
Hearing Impaired	3101005	Hearing Impaired	R
Language	3101007	Language	R
None Noted	3101009	None Noted	R
Obesity	3101011	Obesity	R
Physical Barrier (Unable to Access Patient)	3101013	Physical Barrier (Unable to Access Patient)	R
Physically Impaired	3101015	Physically Impaired	R
Physically Restrained	3101017	Physically Restrained	R
Psychologically Impaired	3101019	Psychologically Impaired	R
Sight Impaired	3101021	Sight Impaired	R
Speech Impaired	3101023	Speech Impaired	R
Unattended or Unsupervised (including minors)	3101025	Unattended or Unsupervised (including minors)	R
Unconscious	3101027	Unconscious	R

| Uncooperative | 3101029 | Uncooperative | R |
| State of Emotional Distress | 3101031 | State of Emotional Distress | R |

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
883	When Barriers to Patient Care is "None Noted" no other barriers should be entered	5	National	Warning
126	Barriers to Patient Care is a required field when Arrived at Patient is not blank.	5	National	Warning

eHistory.02 – Last Name of Patient's Practitioner

Definition
The last name of the patient's practitioner

Location in Runform

Section	Patient Info	Panel	Patient Primary Care Info

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	60

Comments

eHistory.03 – First Name of Patient's Practitioner

Definition
The first name of the patient's practitioner

Location in Runform			
Section	Patient Info	Panel	Patient Primary Care Info

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	**minLength**	1	**maxLength**	50

Comments

eHistory.05 – Advanced Directives

Definition
The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.

Location in Runform
Section	History	Panel	Past Medical History
Section	Patient Info	Panel	Patient Primary Care Info
Section	Drop-Off Form	Panel	Patient Medical History

State Requirements
NH State Usage	Recommended	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints
Data Type	String	minLength	0	maxLength	255

Code List
Displayed Label	Code	Description (Data Base Name)	Req
None	3105005	None	R
State EMS DNR or Medical order form	3105011	State EMS DNR or Medical order form	R
POLST Form	3105009	Other Healthcare Advanced Directive Form	R
Family/Guardian request DNR (but no documentation)	3105001	Family/Guardian request DNR (but no documentation)	R
Living Will	3105003	Living Will	R
Other	3105007	Other	R

Comments

eHistory.06 – Medication Allergies

Definition

The list of medication allergies is based on RxNorm (RXCUI) Codes. In addition, a specific list of ICD-10 CM codes can be used for medication groups.

Location in Runform

Section	History	Panel	Patient Allergies

State Requirements

NH State Usage	Recommended	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801013 – No Known Drug Allergy	8801019 - Refused	8801023 - Unable to Complete
8801021 - Unresponsive		

Constraints

Data Type	ICD-10 or RxNorm value		

Comments

Use RX Norm list for all codes listed in this field

eHistory.07 – Environmental/Food Allergies

Definition

The patient's known allergies to food or environmental agents.

Location in Runform

Section	History	Panel	Patient Allergies

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	integer	minInclusive	100000	maxInclusive	999999999999999
Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Alcohol products allergy (disorder)	294420000	Alcohol products allergy (disorder)	R
Allergic state (disorder)	106190000	Allergic state (disorder)	R
Allergy to almond oil (disorder)	418606003	Allergy to almond oil (disorder)	R
Allergy to aluminum (disorder)	402306009	Allergy to aluminum (disorder)	R
Allergy to aspartame (disorder)	419180003	Allergy to aspartame (disorder)	R
Allergy to bee venom (disorder)	424213003	Allergy to bee venom (disorder)	R
Allergy to caffeine (disorder)	418344001	Allergy to caffeine (disorder)	R
Allergy to carrot (disorder)	420080006	Allergy to carrot (disorder)	R
Allergy to cat dander (disorder)	232346004	Allergy to cat dander (disorder)	R
Allergy to cinnamon (disorder)	418397007	Allergy to cinnamon (disorder)	R
Allergy to coconut oil (disorder)	419814004	Allergy to coconut oil (disorder)	R
Allergy to corn (disorder)	419573007	Allergy to corn (disorder)	R
Allergy to cosmetic (disorder)	417982003	Allergy to cosmetic (disorder)	R
Allergy to dairy product (disorder)	425525006	Allergy to dairy product (disorder)	R
Allergy to dietary mushroom (disorder)	447961002	Allergy to dietary mushroom (disorder)	R
Allergy to dog dander (disorder)	419271008	Allergy to dog dander (disorder)	R
Allergy to dye (disorder)	418545001	Allergy to dye (disorder)	R
Allergy to eggs (disorder)	91930004	Allergy to eggs (disorder)	R

Allergy to fish (disorder)	417532002	Allergy to fish (disorder)	R
Allergy to fruit (disorder)	91932007	Allergy to fruit (disorder)	R
Allergy to gauze (disorder)	418968001	Allergy to gauze (disorder)	R
Allergy to grass pollen (disorder)	418689008	Allergy to grass pollen (disorder)	R
Allergy to horse dander (disorder)	419063004	Allergy to horse dander (disorder)	R
Allergy to legumes (disorder)	409136006	Allergy to legumes (disorder)	R
Allergy to mold (disorder)	419474003	Allergy to mold (disorder)	R
Allergy to nickel (disorder)	419788000	Allergy to nickel (disorder)	R
Allergy to nut (disorder)	91934008	Allergy to nut (disorder)	R
Allergy to oats (disorder)	419342009	Allergy to oats (disorder)	R
Allergy to peanuts (disorder)	91935009	Allergy to peanuts (disorder)	R
Allergy to plant (disorder)	402594000	Allergy to plant (disorder)	R
Allergy to pollen (disorder)	300910009	Allergy to pollen (disorder)	R
Allergy to pork (disorder)	417918006	Allergy to pork (disorder)	R
Allergy to potato (disorder)	419619007	Allergy to potato (disorder)	R
Allergy to red meat (disorder)	418815008	Allergy to red meat (disorder)	R
Allergy to rubber (disorder)	419412007	Allergy to rubber (disorder)	R
Allergy to rye (disorder)	418184004	Allergy to rye (disorder)	R
Allergy to scorpion venom (disorder)	422921000	Allergy to scorpion venom (disorder)	R
Allergy to seafood (disorder)	91937001	Allergy to seafood (disorder)	R
Allergy to seed (disorder)	419101002	Allergy to seed (disorder)	R
Allergy to shrimp (disorder)	419972009	Allergy to shrimp (disorder)	R
Allergy to spider venom (disorder)	427487000	Allergy to spider venom (disorder)	R
Allergy to strawberries (disorder)	91938006	Allergy to strawberries (disorder)	R
Allergy to substance (disorder)	419199007	Allergy to substance (disorder)	R
Allergy to sulfite based food preservative (disorder)	419421008	Allergy to sulfite based food preservative (disorder)	R
Allergy to tomato (disorder)	418779002	Allergy to tomato (disorder)	R
Allergy to walnut (disorder)	91940001	Allergy to walnut (disorder)	R
Allergy to wasp venom (disorder)	423058007	Allergy to wasp venom (disorder)	R
Allergy to wheat (disorder)	420174000	Allergy to wheat (disorder)	R
Allergy to wood (disorder)	402595004	Allergy to wood (disorder)	R
Allergy to wool (disorder)	425605001	Allergy to wool (disorder)	R
Ant sting (disorder)	403141006	Ant sting (disorder)	R
Arachis oil allergy (disorder)	294317009	Arachis oil allergy (disorder)	R
Boric acid allergy (disorder)	294434000	Boric acid allergy (disorder)	R
Castor oil allergy (disorder)	294318004	Castor oil allergy (disorder)	R
Cheese allergy (disorder)	300914000	Cheese allergy (disorder)	R
Chocolate allergy (disorder)	300912001	Chocolate allergy (disorder)	R
Coal tar allergy (disorder)	294169006	Coal tar allergy (disorder)	R
Cow's milk protein sensitivity (disorder)	15911003	Cow's milk protein sensitivity (disorder)	R
Allergy to animal dander (disorder)	232347008	Allergy to animal dander (disorder)	R
Dust allergy (disorder)	390952000	Dust allergy (disorder)	R
Environmental allergy (disorder)	426232007	Environmental allergy (disorder)	R
Feather allergy (disorder)	232348003	Feather allergy (disorder)	R
Food allergy (disorder)	414285001	Food allergy (disorder)	R

Gastrointestinal food allergy (disorder)	414314005	Gastrointestinal food allergy (disorder)	R
Gelatin allergy (disorder)	294847001	Gelatin allergy (disorder)	R
Gluten sensitivity (disorder)	441831003	Gluten sensitivity (disorder)	R
Glycine allergy (disorder)	294298002	Glycine allergy (disorder)	R
Gold allergy (disorder)	294238000	Gold allergy (disorder)	R
Guar gum allergy (disorder)	294741005	Guar gum allergy (disorder)	R
Hornet sting (disorder)	307427009	Hornet sting (disorder)	R
House dust allergy (disorder)	232349006	House dust allergy (disorder)	R
Latex allergy (disorder)	300916003	Latex allergy (disorder)	R
Lithium allergy (disorder)	293817009	Lithium allergy (disorder)	R
Lubricant allergy (disorder)	294321002	Lubricant allergy (disorder)	R
Metal allergy (disorder)	300915004	Metal allergy (disorder)	R
Multiple environmental allergies (disorder)	444026000	Multiple environmental allergies (disorder)	R
No known allergies (situation)	160244002	No known allergies (situation)	R
Olive oil allergy (disorder)	294316000	Olive oil allergy (disorder)	R
Paraffin allergy (disorder)	294324005	Paraffin allergy (disorder)	R
Perfume allergy (disorder)	300908007	Perfume allergy (disorder)	R
Pesticide allergy (disorder)	294619002	Pesticide allergy (disorder)	R
Photosensitization caused by sun (disorder)	258155009	Photosensitization caused by sun (disorder)	R
Pollen-food allergy (disorder)	432807008	Pollen-food allergy (disorder)	R
Seasonal allergy (disorder)	444316004	Seasonal allergy (disorder)	R
Shellfish allergy (disorder)	300913006	Shellfish allergy (disorder)	R
Silicone allergy (disorder)	294328008	Silicone allergy (disorder)	R
Soy protein sensitivity (disorder)	25868003	Soy protein sensitivity (disorder)	R
Sulfur allergy (disorder)	294179008	Sulfur allergy (disorder)	R
Tape allergy (disorder)	405649006	Tape allergy (disorder)	R
Tryptophan allergy (disorder)	293842000	Tryptophan allergy (disorder)	R
Vitamin A allergy (disorder)	294923007	Vitamin A allergy (disorder)	R
Vitamin D allergy (disorder)	294924001	Vitamin D allergy (disorder)	R
Vitamin K allergy (disorder)	294925000	Vitamin K allergy (disorder)	R
Zinc allergy (disorder)	294950002	Zinc allergy (disorder)	R

Comments

Data Element Comment Section:
Code list is represented in SNOMEDCT. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

SNOMEDCT
Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Product: Product - UMLS Metathesaurus

eHistory.08 – Medical/Surgical History

Definition

The patient's pre-existing medical and surgery history of the patient

Location in Runform

Section	History	Panel	Past Medical History

State Requirements

NH State Usage	Recommended	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801015 – None Reported	8801019 - Refused	
8801021 - Unresponsive	8801023 - Unable to Complete	

Constraints

Data Type	string	minLength	0	maxLength	255
Pattern	([A-QRSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,3})?)|[0-9A-HJ-NP-Z]{3,7}				

Comments

The Medical/Surgical History pattern has been extended to include ICD-10-CM: Diagnosis Codes and ICD-10-PCS: Procedural Health Intervention Codes.

ICD-10-CM: Diagnosis Codes.
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus
Please reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

ICD-10-PCS has a seven character alphanumeric code structure. Each character contains up to 34 possible values. Each value represents a specific option for the general character definition (e.g., stomach is one of the values for the body part character). The ten digits 0-9 and the 24 letters A-H,J-N and P-Z may be used in each character. The letters O and I are not used in order to avoid confusion with the digits 0 and 1. There are no decimals in ICD-10-PCS.
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

eHistory.09 – Medical History Obtained From

Definition
Type of person medical history obtained from

Location in Runform

Section	History	Panel	Pt Complaints

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Patient	3109007	Patient	R
Family	3109003	Family	R
Health Care Personnel	3109005	Health Care Personnel	R
Bystander/Other	3109001	Bystander/Other	R

Comments

eHistory.12 – Current Medications

Definition

The medications the patient currently takes

Location in Runform

Section	History	Panel	Patient Medications

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801015 – None Reported	8801019 - Refused	
8801021 - Unresponsive	8801023 - Unable to Complete	

Constraints

Data Type	string	minLength	2	maxLength	7

Comments

List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

RxNorm
Website - http://uts.nlm.nih.gov

Product - UMLS Metathesaurus
Website - http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html
Product - RxNorm Full Monthly Release

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
160	Patient's Medications should be completed when Patient Contact is made.	5	State	Warning

Version 3.4.2.2

eHistory.13 – Current Medication Dose

Definition
The numeric dose or amount of the patient's current medication

Location in Runform

Section	History	Panel	Patient Medications

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	Decimal	Constraints	Format = ######.##		

Comments
Associated with eHistory.12 (Current Medications)

eHistory.14 – Current Medication Dosage Unit

Definition

The dosage unit of the patient's current medication

Location in Runform

Section	History	Panel	Patient Medications

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Centimeters (cm)	3114001	Centimeters (cm)	
Grams (gms)	3114003	Grams (gms)	
Drops (gtts)	3114005	Drops (gtts)	
Inches (in)	3114007	Inches (in)	
International Units (IU)	3114009	International Units (IU)	
Keep Vein Open (kvo)	3114011	Keep Vein Open (kvo)	
Liters Per Minute (l/min [fluid])	3114013	Liters Per Minute (l/min [fluid])	
Liters (l)	3114015	Liters (l)	
Liters Per Minute (LPM [gas])	3114017	Liters Per Minute (LPM [gas])	
Micrograms (mcg)	3114019	Micrograms (mcg)	
Micrograms per Kilogram per Minute (mcg/kg/min)	3114021	Micrograms per Kilogram per Minute (mcg/kg/min)	
Micrograms per Minute (mcg/min)	3114023	Micrograms per Minute (mcg/min)	
Milliequivalents (mEq)	3114025	Milliequivalents (mEq)	
Metered Dose (MDI)	3114027	Metered Dose (MDI)	
Milligrams (mg)	3114029	Milligrams (mg)	
Milligrams per Kilogram (mg/kg)	3114031	Milligrams per Kilogram (mg/kg)	
Milligrams per Kilogram Per Minute (mg/kg/min)	3114033	Milligrams per Kilogram Per Minute (mg/kg/min)	
Milligrams per Minute (mg/min)	3114035	Milligrams per Minute (mg/min)	
Milliliters (ml)	3114037	Milliliters (ml)	
Milliliters per Hour (ml/hr)	3114039	Milliliters per Hour (ml/hr)	
Other	3114041	Other	

Puffs	3114043	Puffs	
Units per Hour (units/hr)	3114045	Units per Hour (units/hr)	
Micrograms per Kilogram (mcg/kg)	3114047	Micrograms per Kilogram (mcg/kg)	
Units per Kilogram per Hour (units/kg/hr)	3114051	Units per Kilogram per Hour (units/kg/hr)	
Units per Kilogram (units/kg)	3114053	Units per Kilogram (units/kg)	
Units	3114049	Units	

Comments

eHIstory.16 - Presence of Emergency Information Form

Definition

Indication of the presence of the Emergency Information Form associated with patient's with special healthcare needs.

Location in Runform

Section	Patient Info	Panel	Patient Primary Care Info

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

eHistory.17 – Alcohol/Drug Use Indicators

Definition

Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury

Location in Runform

Section	History	Panel	Pt Signs and Symptoms
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801015 – None Reported	8801023 - Unable to Complete	8801019 - Refused

Constraints

Data Type	string	**minLength**	0	**maxLength**	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Patient Admits to Alcohol Use	3117005	Patient Admits to Alcohol Use	R
Patient Admits to Drug Use	3117007	Patient admits to Drug Use	R
Alcohol Containers/Paraphernalia at scene	3117001	Alcohol Containers/Paraphernalia at scene	R
Drug Paraphernalia at scene	3117003	Drug Paraphernalia at scene	R
Smell of alcohol on breath	3117011	Smell of alcohol on breath	R
Positive Level Reported from Law or Medical Diagnostic Test	3117009	Positive Level Reported from Law or Medical Diagnostic Test	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron

127	Required field when there is a patient	10	National	Warning

itHistory.005 - Patient's Primary Practitioner Phone Number

Definition	
Patient's Primary Practitioner Phone Number	

Location in Runform			
Section	Patient Info	Panel	Patient Primary Care Info

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multiple			Is Nillable (Can be Blank)	No

Constraints					
Data Type		minLength	0	maxLength	50
Pattern	[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]				

Comments

itHistory.008 – Environmental Allergy Comments

Definition
Environmental Allergy Comments

Location in Runform			
Section	History	Panel	Patient Allergies

State Requirements			
NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Multiple			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	0	maxLength	255

Comments

itHistory.009 – Medication Allergy Comments

Definition

Medication Allergy Comments

Location in Runform

Section	History	Panel	Patient Allergies

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Multiple			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Comments

eHistory.011 – Other Past Medical History

Definition
Other Past Medical History

Location in Runform			
Section	History	Panel	Past Medical History
Section	Drop Off Form	Panel	Patient Medical History

State Requirements			
NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select		Is Nillable (Can be Blank)	No

Constraints						
Data Type	string	minLength	0	maxLength	255

Comments

eInjury.01 - Cause of Injury

Definition
The category of the reported/suspected external cause of the injury.

Location in Runform
Section	History	Panel	Trauma/Self-Harm

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Data Type	string	minLength	0	maxLength	255
Pattern	([TV-Y][0-9]{2})((\.[0-9A-Z]{1,4})?)				

Comments
Suggested code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

Code list is represented in ICD-10 Codes.
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
189	Mechanism of injury must be entered even if there was no actual injury.	10	National	Warning

eInjury.03 – Trauma Center Criteria

Definition

Physiologic and Anatomic Field Trauma Triage Criteria (steps 1 and 2) as defined by the Centers for Disease Control.

Location in Runform

Section	History	Panel	Trauma/Self-Harm

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Glasgow Coma Score <= 13	2903007	Glasgow Coma Score <= 13	R
Systolic Blood Pressure <90 mmHg	2903019	Systolic Blood Pressure <90 mmHg	R
Respiratory Rate <10 or >29 breaths per minute (<20 in infants aged <1 year) or need for ventilatory support	2903017	Respiratory Rate <10 or >29 breaths per minute (<20 in infants aged <1 year) or need for ventilatory support	R
All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee	2903015	All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee	R
Chest wall instability or deformity (e.g., flail chest)	2903005	Chest wall instability or deformity (e.g., flail chest)	R
Two or more proximal long-bone fractures	2903021	Two or more proximal long-bone fractures	R
Crushed, degloved, mangled, or pulseless extremity	2903003	Crushed, degloved, mangled, or pulseless extremity	R
Amputation proximal to wrist or ankle	2903001	Amputation proximal to wrist or ankle	R
Pelvic fractures	2903013	Pelvic fractures	R
Open or depressed skull fracture	2903009	Open or depressed skull fracture	R
Paralysis	2903011	Paralysis	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
747	Primary Trauma Triage Criteria need to be selected for trauma Pts.	10	National	Warning

Version 3.4.2.2

eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor.

Definition

Mechanism and Special Considerations Field Trauma Triage Criteria (steps 3 and 4) as defined by the Centers for Disease Control.

Location in Runform

Section	History	Panel	Trauma/Self-Harm

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Fall Adults: > 20 ft. (one story is equal to 10 ft.)	2904003	Fall Adults: > 20 ft. (one story is equal to 10 ft.)	R
Fall Children: > 10 ft. or 2-3 times the height of the child	2904005	Fall Children: > 10 ft. or 2-3 times the height of the child	R
Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site	2904011	Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site	R
Crash Ejection (partial or complete) from automobile	2904009	Crash Ejection (partial or complete) from automobile	R
Crash Death in Same Passenger Compartment	2904007	Crash Death in Same Passenger Compartment	R
Crash Vehicle Telemetry Data (AACN) Consistent with High Risk of Injury	2904013	Crash Vehicle Telemetry Data (AACN) Consistent with High Risk of Injury	R
Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact	2904001	Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact	R
Motorcycle Crash > 20 MPH	2904015	Motorcycle Crash > 20 MPH	R
Geriatric Trauma	it2904.007	Geriatric Trauma	R
SBP < 110 for age > 65	2904017	SBP < 110 for age > 65	R
Ground level fall for age > 65	it2904.003	Ground level fall for age > 65	R
Pediatric Trauma	it2904.006	Pediatric Trauma	R
Anticoagulants and Bleeding Disorders	2904019	Anticoagulants and Bleeding Disorders	R

Burn, with trauma mechanism	2904027	Burn, with trauma mechanism	R
Burn, without other trauma	2904025	Burn, without other trauma	R
Pregnancy > 20 weeks	2904021	Pregnancy > 20 weeks	R
EMS Provider Judgment	2904023	EMS Provider Judgment	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
748	Additional Trauma Risk Factors need to be selected.	10	National	Warning

eInjury.06 – Location of Patient in Vehicle

Definition
The seat row location of the vehicle at the time of the crash with the front seat numbered as 1

Location in Runform
Section	History	Panel	Trauma/Self-Harm

State Requirements
NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Driver (or motorcycle Driver)	2906001	Front Seat – Left side (or motorcycle Driver)	R
Front Seat – Middle	2906003	Front Seat – Middle	R
Front Seat – Right Side	2906005	Front Seat – Right Side	R
Second Seat-Left Side (or motorcycle passenger)	2906013	Second Seat-Left Side (or motorcycle passenger)	R
Second Seat – Middle	2906015	Second Seat – Middle	R
Second Seat – Right side	2906017	Second Seat – Right Side	R
Third Row – Left Side (or motorcycle passenger)	2906021	Third Row – Left Side (or motorcycle passenger)	R
Third Row – Middle	2906023	Third Row – Middle	R
Third Row – Right Side	2906025	Third Row – Right Side	R
Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus, etc.)	2906007	Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus, etc.)	R
Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.)	2906009	Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.)	R
Riding on Vehicle Exterior (non-trailing unit)	2906011	Riding on Vehicle Exterior (non-trailing unit)	R
Sleeper Section of Cab (truck)	2906019	Sleeper Section of Cab (truck)	R
Trailing Unit	2906027	Trailing Unit	R
Unknown	2906029	Unknown	R

Comments

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

A

eInjury.07 – Use of Occupant Safety Equipment

Definition

Safety equipment in use by the patient at the time of the injury

Location in Runform

Section	History	Panel	Trauma/Self-Harm

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)

7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None	2907015	None	R
Shoulder and Lap belt used	2907027	Shoulder and lap belt used	R
Lap belt only used	2907029	lap belt only used	R
Shoulder belt only used	2907031	shoulder belt only used	R
Infant Car Seat Rear Facing	2907009	Infant Car seat rear facing	R
Infant Car seat forward facing	2907007	infant car seat forward facing	R
Child Booster Seat	2907001	Child booster seat	R
Helmet Worn	2907005	Helmet Worn	R
Eye Protection	2907003	Eye Protection	R
Protective Clothing	2907021	Protective Clothing	R
Protective non-Clothing Gear	2907023	Protective non-clothing Gear	R
Personal Flotation Device	2907019	Personal Floatation Device	R
Other	2907017	Other	R

Comments

Testing the definitions section

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
743	Use of occupant safety equipment must be entered.	10	State	Warning

eInjury.08 – Airbag Deployment

Definition

Indication of Airbag Deployment

Location in Runform

Section	History	Panel	Trauma/Self-Harm

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Airbag Deployed Front	2908001	Airbag Deployed Front	R
Airbag Deployed Side	2908003	Airbag Deployed Side	R
Airbag Deployed Other (Knee, air belt, ect.)	2908005	Airbag Deployed Other (knee, air belt, ect.)	R
No Airbag Deployed	2908007	No Airbag Deployed	R
Vehicle does not have airbags	2908009	Vehicle does not have airbags	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
746	Airbag deployment status is required for MVCs.	10	State	Warning

eLabs.01

eLabs.01 - Date/Time of Laboratory or Imaging Result

Definition

The data and time for the specific laboratory result

Location in Runform

Section	Vitals and Treatment	Panel	Point-of-Care Lab Tests

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
22	Lab/Imaging results date/time is before arrived patient and Prior To Arrival is not "Yes"	10	National	Warning

169   Version 3.4.2.2

eLabs.02 - Study/Result Prior to this Units EMS Care

Definition
Indicates that the laboratory result occurred prior to EMS units care.

Location in Runform			
Section	Vitals and Treatment	Panel	Point-of-care lab tests

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Code List			
Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

eLabs.03 – Laboratory Result Type

Definition
The type of laboratory value

Location in Runform			
Section	Vitals and Treatment	Panel	Point-of-Care Lab Tests

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single – Select		Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Alanine Transaminase	3403001	Alanine Transaminase	R
Alcohol-Blood	3403003	Alcohol-Blood	R
Alcohol-Breath	3403005	Alcohol-Breath	R
Alkaline Phosphatase	3403007	Alkaline Phosphatase	R
Amylase	3403009	Amylase	R
Aspartate Transaminase	3403013	Aspartate Transaminase	R
B-Type Natriuretic Peptide (BNP)	3403015	B-Type Natriuretic Peptide (BNP)	R
Base Excess	3403017	Base Excess	R
Bilirubin-Direct	3403019	Bilirubin-Direct	R
Bilirubin-Total	3403021	Bilirubin-Total	R
BUN	3403023	BUN	R
Calcium-Ionized	3403025	Calcium-Ionized	R
Calcium-Serum	3403027	Calcium-Serum	R
Carbon Dioxide-Partial Pressure	3403029	Carbon Dioxide-Partial Pressure	R
Chloride	3403033	Chloride	R
Creatine Kinase	3403035	Creatine Kinase	R
Creatine Kinase-MB	3403037	Creatine Kinase-MB	R
Creatinine	3403039	Creatinine	R
Gamma Glutamyl Transpeptidase	3403041	Gamma Glutamyl Transpeptidase	R
Glucose	3403043	Glucose	R
Hematocrit	3403045	Hematocrit	R
Hemoglobin	3403047	Hemoglobin	R
Human Chorionic Gonadotropin-Serum	3403049	Human Chorionic Gonadotropin-Serum	R
Human Chorionic Gonadotropin-Urine	3403051	Human Chorionic Gonadotropin-Urine	R
International Normalized Ratio (INR)	3403053	International Normalized Ratio (INR)	R
Lactate Dehydrogenase	3403055	Lactate Dehydrogenase	R
Lactate-Arterial	3403057	Lactate-Arterial	R
Lactate-Venous	3403059	Lactate-Venous	R
Lipase	3403061	Lipase	R

Magnesium	3403063	Magnesium	R
Oxygen-Partial Pressure	3403065	Oxygen-Partial Pressure	R
Partial Thromboplastin Time	3403067	Partial Thromboplastin Time	R
pH-ABG	3403071	pH-ABG	R
pH-Venous	3403073	pH-Venous	R
Platelets	3403075	Platelets	R
Potassium	3403077	Potassium	R
Prothrombin Time	3403079	Prothrombin Time	R
Red Blood Cells	3403081	Red Blood Cells	R
Sodium	3403083	Sodium	R
Troponin	3403085	Troponin	R
White Blood Cells	3403087	White Blood Cells	R
Ammonia	3403089	Ammonia	R
Bicarbonate (HCO3)	3403091	Bicarbonate (HCO3)	R
Carboxyhemoglobin	3403093	Carboxyhemoglobin	R
CO2, Total (Bicarbonate)	3403095	CO2, Total (Bicarbonate)	R
CRP (C-Reactive Protein)	3403097	CRP (C-Reactive Protein)	R
Dilantin	3403099	Dilantin	R
Leukocytes	3403101	Leukocytes	R
Nitrates	3403103	Nitrates	R
Phenobarbital	3403105	Phenobarbital	R
Protein	3403107	Protein	R
Salicylate	3403109	Salicylate	R
Specific Gravity	3403111	Specific Gravity	R
Tylenol	3403113	Tylenol	R

Comments

eLabs.04 – Laboratory Result

Definition

The value or result of the laboratory test (Units may vary).

Location in Runform

Section	Vitals and Treatment	Panel	Point-of-Care Lab Tests

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	50

Comments

eMedications.01 – Date/Time Medication Administered

Definition

The date/time medication administered to the patient

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

DateTime consists of finite-length characters of the form: yyyy '-' mm '-' dd 'T' hh ':' mm ':' ss ('.' s+)? (zzzzzz)

yyyy	a four-digit numeral that represents the year
'-'	separators between parts of the date portion
mm	a two-digit numeral that represents the month
dd	a two-digit numeral that represents the day
T	separator that indicates time-of-day follows
hh	a two-digit numeral that represents the hour
':'	a separator between parts of the time-of-day portion
mm	a two-digit numeral that represents the minute
ss	a two-integer-digit numeral that represents the whole seconds
'.' s+	(not required) represents the fractional seconds
zzzzz z	(required) represents the timezone (as described below)

Timezones, required, are durations with (integer-valued) hour and minute properties in the form: ('+' | '-') hh ':' mm

hh a two-digit numeral (with leading zeros as required) that represents the hours

mm a two-digit numeral that represents the minutes

'+' a nonnegative duration

'-' a nonpositive duration

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
23	Date/Time Medication Administered is before Arrived at Patient and Prior To Arrival is "No"	10	National	Warning
129	Time Medication Given is a required field when there is a Medication Given	10	National	Warning
539	Date/Time Medication Administered is after departure from the scene.	10	National	Warning
836	This medication time is after transfer of patient care at the destination.	10	National	Warning
885	When Medication Administered Prior to this Unit's EMS Care is "Yes " Date/Time Medication Administered should be no later than Arrived at Patient Date/Time.	10	National	Warning
907	This medication time is after arrival at the destination. Enter a transfer of care time or fix the medication time.	10	National	Warning

eMedications.02 – Medication Administered Prior to this Unit's EMS Care

Definition

Indicates that the medication administration which is documented was administered prior to this EMS Units care.

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
130	Medication Administered Prior to this Units EMS Care is a required field on each Medication.	10	National	Warning

eMedications.03 – Medication Given

Definition

The medication given to the patient

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801001 - Contraindication Noted	8801003 - Denied By Order	8801023 - Unable to Complete
8801007 – Medication Allergy	8801009 – Medication Already Taken	8801019 - Refused

Constraints

Data Type	string	minLength	2	maxLength	7

911 Code List

Displayed Label	Code	Description (Data Base Name)	Req
Acetaminophen	161	Acetaminophen	R
Activated Charcoal	272	Activated Charcoal	R
Adenosine	296	Adenosine	R
Albuterol	435	Albuterol	R
Alcohol Prep / Isopropyl Alcohol	797541	Isopropyl Alcohol	R
Amiodarone	703	Amiodarone	R
Aspirin	1191	Aspirin	R
Atropine	1223	Atropine	R
Calcium Chloride	1901	Calcium Chloride	R
Calcium Gluconate	1908	Calcium Gluconate	R
D10	1795480	250 ML Glucose 100 MG/ML Injection	R
Dexamethasone / Decadron	3264	Dexamethasone	R
Dextrose / Glucose (Oral)	4850	Glucose	R

Diazepam	3322	Diazepam	R
Diltiazem / Cardizem	3443	Diltiazem	R
Diphenhydramine / Benadryl	3498	Diphenhydramine	R
Dolasetron	68091	Dolasetron	R
Duodote	717229	Duodote	R
Epi [0.1] mg/ml (1:10,000)	317361	Epinephrine 0.1mg/ml	R
Epi [1] mg/ml (1:1,000)	328316	Epinephrine 1 mg/ml	R
Epi Pen Adult	727347	EpiPen 0.3 MG in 0.3 ML Auto-Injector	R
Epi Pen Jr.	727386	EpiPen Jr. 0.15 MG per 0.3 ML Auto-Injector	R
Etomidate	4177	Etomidate	R
Fentanyl	4337	Fentanyl	R
Glucagon	4832	Glucagon	R
Granisitron	26237	Granisitron	R
Haloperidol / Haldol	5093	Haloperidol	R
Heparin	5224	Heparin	R
Hydrocortisone / SoluCortef	5492	Hydrocortisone	R
Hydromorphone/Dilaudid	3423	Hydromorphone	R
Hydroxocobalamin / Cyanokit	5514	Hydroxocobalamin	R
Ibuprofen (Motrin)	5640	Ibuprofen	R
Ipratropium Bromide (Atrovent)	7213	Ipratropium	R
Ketamine	6130	Ketamine	R
Ketorolac / Toradol	35827	Ketorolac	R
Lidocaine	6387	Lidocaine	R
Lorazepam	6470	Lorazepam	R
Magnesium Sulfate	6585	Magnesium Sulfate	R
Methylprednisolone / Solumedrol	6902	Methylprednisolone	R
Metoprolol / Lopressor	6918	Metoprolol	R
Midazolam / Versed	6960	Midazolam	R
Morphine	7052	Morphine	R
Naloxone / Narcan	7242	Naloxone	R
Naloxone / Narcan 4mg Commercial Nasal Spray	1725055	Naloxone Hydrochloride 40 mg/ml	R
Nitroglycerin	4917	Nitroglycerin	R
Nitrous Oxide	7486	Nitrous Oxide	R
Norepinephrine	7512	Norepinephrine	R
Normal Saline	313002	Sodium Chloride 0.154 MEQ/ML Injectable Solution	R
Ondansetron / Zofran	26225	Ondansetron	R
Oxygen	7806	Oxygen	R
Oxytocin	7824	Oxytocin	R
Pralidoxime / 2-Pam	34345	Pralidoxime	R
Prednisone	8640	Prednisone	R
Prochlorperazine / Compazine	8704	Prochlorperazine	R
Proparacaine	227778	Proparacaine hydrochloride	R
Rocuronium	68139	Rocuronium	R
Sodium Bicarbonate	36676	Sodium Bicarbonate	R
Sterile Water	107129	Sterile Water	R
Succinylcholine	10154	Succinylcholine	R
Tetracaine	10391	Tetracaine	R
Tranexamic Acid	10691	Tranexamic Acid	R
Vecuronium	71535	Vecuronium	R

Transfer Code List

Displayed Label	Code	Description (Data Base Name)	Req
Abciximab	83929	Abciximab	R
Acetazolamide	167	acetaZOLAMIDE	R

Acyclovir	281	Acyclovir	R
Albumin Human, USP	828529	Albumin Human, USP	R
Albuterol mixed w/ Ipatropium Bromide (DuoNeb)	214199	Albuterol / Ipratropium	R
Alteplase / TPA	8410	Alteplase	R
Aminophylline	689	Aminophylline	R
Amoxicillin (Augmentum)	1008081	Ambroxol/Amoxicillin	R
Ampicillin/Sulbactam (Unasyn)	362554	Ampicillin/Sulbactam Injectable Solution	R
Amrinone (Inamrinone)	738	Inamrinone	R
Anistreplase (Eminase)	40028	Anistreplase	R
Argatroban	15202	Argatroban	R
Asithromycin (Zithromax)	18631	Azithromycin	R
Atenolol (Tenormin)	1202	Atenolol	R
Atracurium	1218	Atracurium	R
Aztreonam (Azactam)	1272	Aztreonam	R
Benzocaine	1399	Benzocaine	R
Bilvalirudin	60819	Bivalirudin	R
Blood Products (Document Specifics in Procedures)	itRX.001	Blood Products	R
Bretylium tosylate	1737	Bretylium Tosylate	R
Bumetanide	1808	Bumetanide	R
Butorphanol	1841	Butorphanol	R
Captopril	1998	Captopril	R
Cefazolin (Ancef)	2180	Cefazolin	R
Cefepime (Maxipime)	20481	Cefepime	R
Cefotaxime (Claforan)	2186	Cefotaxime	R
Cefotetan (Cefotan)	2187	Cefotetan	R
Cefoxitin (Mefoxin)	2189	Cefoxitin	R
Ceftazidime (Fortaz, Tazicef)	2191	Ceftazidime	R
Ceftriaxone (Rocephin)	2193	Ceftriaxone	R
Cefuroxime (Zinacef)	2194	Cefuroxime	R
Chitosan	59038	Chitosan	R
Ciprofloxacin (Cipro)	2551	Ciprofloxacin	R
Cisatracurium (Nimbex)	319864	Cisatracurium	R
Clindamycin	2582	Clindamycin	R
Clonidine	2599	Clonidine	R
Clopidogrel	32968	Clopidogrel	R
Conivaptan	302285	Conivaptan	R
D25	260258	Dextrose 250 MG/ML Injectable Solution	R
D5	309778	Dextrose 5% Injectable Solution	R
D5 - 1/2NS (0.45%)	1795250	1000 ML Glucose 50 MG/ML / Sodium Chloride 4.5 MG/ML Injection	R
D5 - NS (0.9%)	1795346	1000 ML Glucose 50 MG/ML / Sodium Chloride 9 MG/ML Injection	R
D50	237653	Dextrose 50 % Injectable Solution	R
Diastat	216586	Diastat	R
Digoxin	3407	Digoxin	R
Dimenhydrinate	3444	Dimenhydrinate	R
Dobutamine	3616	Dobutamine	R
Dopamine	3628	Dopamine	R
Doxycycline (Vibramycin)	3640	Doxycycline	R
Droperidol	3648	Droperidol	R
Drotrecogin Alfa	352374	Drotrecogin alfa	R
Enalapril	3827	Enalapril	R
Enoxaparin (Lovonox)	67108	Enoxaprin	R
Eptifibatide	75635	Eptifibatide	R
Esmolol	49737	Esmolol	R

Famotidine	4278	Famotidine	R
Fenoldopam (Corlopam)	24853	Fenoldopam	R
Flecainide (Tambocor)	4441	Flecainide	R
Flumazenil	4457	Flumazenil	R
Fosphenytoin	72236	Fosphenytoin	R
Furosemide / Lasix	4603	Furosemide	R
Gelofusine	152926	Gelofusine	R
Gentamicin (Garamycin)	1596450	Gentamicin	R
Hetastarch	5531	Hetastarch	R
Hydralazine	5470	Hydralazine	R
Hydroxyethyl starch	310757	Hetastarch 6% Injectable Solution	R
Hydroxyzine	5553	Hydroxyzine	R
Ibutilide (Corvert)	41289	Ibutilide	R
ImFLIXimab	191831	InFLIXimab	R
Immune Globulin	797550	Immune Globulin (Human)	R
Insulin (Regular)	253182	Insulin	R
Ipecac	5975	Ipecac	R
Isoetharine	6023	Isoetharine	R
Isoprel (Isoproterenol)	6054	Isoproterenol	R
KCL / Potassium Chloride	8591	Potassium Chloride	R
Keppra	261547	Keppra	R
Labetalol	6185	Labetalol	R
Lactated Ringers (LR)	847630	Calcium Chloride 0.0014 MEQ/ML / Potassium Chloride 0.004 MEQ/ML / Sodium Chloride 0.103 MEQ/ML / Sodium Lactate 0.028 MEQ/ML Injectable Solution	R
Levalbuterol	237159	Levalbuterol	R
Levofloxacin (Levaquin)	82122	Levofloxacin	R
Lidocaine *Topical*	377965	Lidocaine *Topical Gel*	R
Linezolid (Zyvox)	190376	Linezolid	R
Mannitol	6628	Mannitol	R
Meperidine	6754	Meperidine	R
Meropenem (Merrem)	29561	Meropenem	R
Metaclopramide / Reglan	6915	Metaclopramide	R
Metronidazole (Flagyl)	6922	Metronidazole	R
Milrinone (Primacor)	52769	Milrinone	R
Moxifloxacin (Avelox)	139462	Moxifloxacin	R
Mucomyst	202536	Mucomyst	R
Nafcillin (Nafcil, Unipen)	7233	Nafcillin	R
Nalbuphine	7238	Nalbuphine	R
Natrecor	352791	Natrecor	R
Nesiritide (Natrecor)	19666	Nesiritide	R
Nicardipine (Cardene)	7396	Nicardipine	R
Nitroprusside (Nipride)	7476	Nitroprusside	R
Octreotide	7617	Octreotide	R
Olanzapine	61381	Olanzapine	R
Oxacillin (Bactocill, Prostaphilin)	7773	Oxacillin	R
Oxymetazoline	7812	Oxymetazoline	R
Pancuronium (Pavulon)	7883	Pancuronium	R
Pantoprazole (Protonix)	40790	Pantoprazole	R
Penicillin	70618	Penicillin	R
Peripheral Parenteral Nutrition (TPN/PPN)	220163	TPN Electrolytes	R
Phenobarbital	8134	Phenobarbital	R
Phenylephrine / NeoSynephrine	8163	Phenylephrine	R
Phenytoin	8183	Phenytoin	R
Piperacillin/Tazobactam (Zosyn)	74170	Zosyn	R
Plasma Protein Fraction	33835	Plasma Protein Fraction	R
Plavix	174742	Plavix	R

Potassium Chloride 2 meq/ml	333182	Potassium Chloride 2 MEQ/ML	R
Potassium Iodide	8597	Potassium Iodide	R
Procainamide	8700	Procainamide	R
Promethazine	8745	Promethazine	R
Propafenone (Rhythmol)	8754	Propafenone	R
Propofol	8782	Propofol	R
Propranolol	8787	Propranolol	R
Protonix	261624	Protonix	R
Pyridoxine	684879	Pyridoxine	R
Quinidine	9068	Quinidine	R
Racemic Epi	314610	Epinephrine, Racemic Hydrochloride	R
Ranitidine (Zantac)	9143	Ranitidine	R
ReoPro	152293	ReoPro	R
Reteplase (Retavase)	76895	Reteplase	R
Rocephin	9449	Rocephin	R
Sotalol (Betapace)	224909	Betapace	R
Streptokinase (Streptase)	10106	Streptokinase	R
Tenecteplase (TNK)	259280	Tenecteplase	R
Terbutaline	10368	Terbutaline	R
Thiamine	1007574	Thiamine / Vitamin B 12	R
Ticarcillin/Clavulanate (Timentin)	94321	Clavulanate / Ticarcillin Injectable Solution [Timentin]	R
Tigecycline (Tygacil)	584200	Tigecycline Injectable Solution [Tygacil]	R
Tirofiban (Aggrastas)	73137	Tirofiban	R
Tobramycin	10627	Tobramycin	R
Torsemide	876421	Torsemide Injectable Solution [Demadex]	R
Trimethoprim/Sulfamethoxasole (Bactrim, Septra)	221176	TRIMETHOPRIM SULFATE	R
Urokinase (Abbokinase)	11055	Urokinase	R
Valproic Acid	11118	Valproic Acid	R
Vancomycin	11124	Vancomycin	R
Vasopressin	11149	Vasopressin (USP)	R
Verapamil	11170	Verapamil	R
Ziprasidone	115698	Ziprasidone	R

Comments

List of medications based on RxNorm (RXCUI) code.

Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

RxNorm
Website - http://uts.nlm.nih.gov

Product - UMLS Metathesaurus
Website - http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html
Product - RxNorm Full Monthly Release

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
131	Medication Given cannot be blank when other medication fields are not.	10	National	Warning
552	ASA needs to be documented in the Medications Given section.	10	State	Warning
750	You must change this imported generic medication to a real medication given.	20	State	No
886	When Medication Given is a "Not Value" ("Not Applicable " "Not Recorded " or "Not Reporting") no other Medication Given should be recorded.	25	National	Error
887	When Medication Given has a Pertinent Negative it should have a medication value.	25	National	Error

eMedications.04 – Medication Administered Route

Definition

The route medication was administered to the patient

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Nasal Cannula	9927025	Nasal Cannula	R
Non-Rebreather Mask	9927031	Non-Rebreather Mask	R
Intravenous (IV)	9927023	Intravenous (IV)	R
Intranasal	9927017	Intranasal	R
Intramuscular (IM)	9927015	Intramuscular (IM)	R
Subcutaneous	9927045	Subcutaneous	R
Intraosseous (IO)	9927021	Intraosseous (IO)	R
Oral	9927035	Oral	R
Sublingual	9927047	Sublingual	R
CPAP	it9927.110	CPAP	R
Inhalation	9927009	Inhalation	R
Auto-Injector	it9927.112	Auto-Injector	R
Blow-By	9927001	Blow-By	R
Bag Valve Mask (BVM)	it9927.108	Bag Valve Mask (BVM)	R
Endotracheal Tube (ET)	9927005	Endotracheal Tube (ET)	R
Intravenous Pump	it9927.101	Intravenous Pump	R
Ophthalmic	9927033	Ophthalmic	R
Rectal	9927043	Rectal	R
Topical	9927049	Topical	R
Tracheostomy	9927051	Tracheostomy	R
Portacath	9927061	Portacath	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
909	When a medication is given, the administration route must also be entered	10	State	Warning

eMedications.05 – Medication Dosage

Definition
The dose or amount of the medication given to the patient.

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single		Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	decimal	totalDigits	9	fractionDigits	3

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
132	Medication Dosage is a required field on all Medications.	10	National	Warning
833	Max single dose of Narcan per protocol is 2 mg or 4mg for Commercial Nasal Spray Device. Document separate doses individually.	10	State	Warning

eMedications.06 – Medication Dosage Units

Definition
The unit o medication dosage given to patient

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Liters Per Minute (LPM [gas])	3706035	Liters Per Minute (LPM [gas])	R
Milligrams (mg)	3706021	Milligrams (mg)	R
Micrograms (mcg)	3706015	Micrograms (mcg)	R
Milliliters (ml)	3706025	Milliliters (ml)	R
Keep Vein Open (kvo)	3706007	Keep Vein Open (kvo)	R
Liters (l)	3706009	Liters (l)	R
Puffs	3706043	Puffs	R
Grams (gms)	3706001	Grams (gms)	R
Centimeters (cm)	3706031	Centimeters (cm)	R
Drops (gtts)	3706033	Drops (gtts)	R
Inches (in)	3706003	Inches (in)	R
Milligrams per Hour	it3706.102	Milligrams per Hour	R
Micrograms Per Kilogram Per Hour (mcg/kg/hr)	it3706.103	Micrograms Per Kilogram Per Hour (mcg/kg/hr)	R
International Units (IU)	3706005	International Units (IU)	R
Liters Per Minute (l/min [fluid])	3706011	Liters Per Minute (l/min [fluid])	R
Milliequivalents (mEq)	3706019	Milliequivalents (mEq)	R
Milligrams Per Kilogram Per Hour (mg/kg/hr)	it3706.104	Milligrams Per Kilogram Per Hour (mg/kg/hr)	R
Metered Dose (MDI)	3706013	Metered Dose (MDI)	R
Milliliters per Hour (ml/hr)	3706027	Milliliters per Hour (ml/hr)	R
Milligrams per Kilogram (mg/kg)	3706039	Milligrams per Kilogram (mg/kg)	R
Milligrams per Minute (mg/min)	3706041	Milligrams per Minute (mg/min)	R

Milligrams per Kilogram Per Minute (mg/kg/min)	3706023	Milligrams per Kilogram Per Minute (mg/kg/min)	R
Micrograms per Kilogram (mcg/kg)	3706047	Micrograms per Kilogram (mcg/kg)	R
Micrograms per Minute (mcg/min)	3706037	Micrograms per Minute (mcg/min)	R
Micrograms per Kilogram per Minute (mcg/kg/min)	3706017	Micrograms per Kilogram per Minute (mcg/kg/min)	R
Other	3706029	Other	R
Units	3706049	Units	R
Units per Hour (units/hr)	3706045	Units per Hour (units/hr)	R
Units per Kilogram (units/kg)	3706053	Units per Kilogram (units/kg)	R
Units per Kilogram per Hour (units/kg/hr)	3706051	Units per Kilogram per Hour (units/kg/hr)	R

R

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
133	Medication Dosage Units is a required field on all Medications.	25	National	Error

eMedications.07 – Response to Medication

Definition

The patient's response to the medication

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Improved	9916001	Improved	R
Unchanged	9916003	Unchanged	R
Worse	9916005	Worse	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
134	Response to Medication is a required field on all Medications.	10	National	Warning

eMedications.08 – Medication Complication

Definition
Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None	3708031	None	R
Altered Mental Status	3708001	Altered Mental Status	R
Apnea	3708003	Apnea	R
Bleeding	3708005	Bleeding	R
Bradycardia	3708007	Bradycardia	R
Bradypnea	3708009	Bradypnea	R
Extravasation	3708013	Extravasation	R
Hypertension	3708015	Hypertension	R
Hyperthermia	3708017	Hyperthermia	R
Hypotension	3708019	Hypotension	R
Hypothermia	3708021	Hypothermia	R
Hypoxia	3708023	Hypoxia	R
Injury	3708025	Injury	R
Itching	3708043	Itching	R
Itching/Urticaria	3708027	Itching/Urticaria	R
Nausea	3708029	Nausea	R
Respiratory Distress	3708035	Respiratory Distress	R
Tachycardia	3708037	Tachycardia	R

Tachypnea	3708039	Tachypnea	R
Urticaria	3708045	Urticaria	R
Vomiting	3708041	Vomiting	R
Other	3708033	Other	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
888	When Medication Complication is "None" no other Medication Complication should be recorded.	10	National	Warning

eMedications.09 – Medication Crew (Healthcare Professionals) ID

Definition
The statewide assigned ID Number of the EMS crew member giving the treatment to the patient

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	2	maxLength	50

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
537	A crew name must be entered for medications given.	10	State	Error

eMedications.10 – Role/Type of Person Administering Medication

Definition

The type(level) of EMS or healthcare professional administering the medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Patient/Lay Person	9905023	Patient/Lay Person	R
Law Enforcement Responder	it9905.173	Law Enforcement Responder	R
First Responder	9905015	First Responder	R
2009 Emergency Medical Responder (EMR)	9905003	2009 Emergency Medical Responder (EMR)	R
2009 Emergency Medical Technician (EMT)	9905005	2009 Emergency Medical Technician (EMT)	R
EMT-Intermediate	9905011	EMT-Intermediate	R
2009 Advanced Emergency Medical Technician (AEMT)	9905001	2009 Advanced Emergency Medical Technician (AEMT)	R
EMT-Paramedic	9905013	EMT-Paramedic	R
2009 Paramedic	9905007	2009 Paramedic	R
Student	9905029	Student	R
AEMT Student	it9905.174	AEMT Student	R
Paramedic Student	it9905.103	Paramedic Student	R
Physician	9905025	Physician	R
Other Non-Healthcare Professional	9905021	Other Non-Healthcare Professional	R
Registered Nurse	9905041	Registered Nurse	R
Nurse Practitioner	9905035	Nurse Practitioner	R
Physician Assistant	9905037	Physician Assistant	R
Respiratory Therapist	9905027	Respiratory Therapist	R
Other Healthcare Professional	9905019	Other Healthcare Professional	R

Comments

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
581	eMedications.10 - Role/Type of Person Administering Medication	15	National	Error

eMedications.11 – Medication Authorization

Definition

The type of treatment authorization obtained

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
On-Line (remote verbal Order)	9918001	On-Line (remote verbal order)	R
On-Scene	9918003	On-Scene	R
Protocol (standing order)	9918005	Protocol (standing order)	R
Written Orders (Patient Specific)	9918007	Written Orders (Patient Specific)	R

Comments

eMedications.12 – Medication Authorizing Physician

Definition

The name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order) in eMedications.11

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	**minLength**	1	**maxLength**	255

Comments

itMedications.002 – Medication Comments

Definition

Medication Comments

Location in Runform

Section	Vitals and Treatment	Panel	Medications
Section	Drop Off form	Panel	Medications

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	500

Comments

eNarrative.01 - Patient Care Report Narrative

Definition

The narrative of the patient care report (PCR)

Location in Runform

Section	Narrative	Panel	Narrative
Section	Drop Off Form	Panel	Narrative

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	1	maxLength	10000

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
161	Patient Care Report Narrative is a recommended field.	10	State	Warning

eOther.01 – Review Requested

Definition

Indication of whether the PCR needs review by anyone

Location in Runform

Section	Narrative	Panel	Review Requested

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

eOther.12 – Type of Person Signing

Definition

The individual's signature associated with eOther.15 (Signature Status)

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
EMS Crew Member (other)	4512001	EMS Crew Member (other)	R
EMS Primary Care Provider (for this event)	4512003	EMS Primary Care Provider (for this event)	R
Healthcare Provider	4512005	Healthcare Provider	R
Medical Director	4512007	Medical Director	R
Non-Healthcare Provider	4512009	Non-Healthcare Provider	R
Online Medical Control Healthcare Practitioner	4512011	Online Medical Control Healthcare Practitioner	R
Other	4512013	Other	R
Patient	4512015	Patient	R
Patient Representative	4512017	Patient Representative	R
Witness	4512019	Witness	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
579	A Patient Signature is required for this call	2	Local	No

eOther.13 – Signature Reason

Definition

The reason for the individuals signature

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
HIPAA acknowledgement/Release	4513001	HIPAA acknowledgement/Release	R
Release for Billing	4513005	Release for Billing	R
EMS Provider	it4513.103	EMS Provider	R
Refusal of Care	4513009	Refusal of Care	R
Transfer of Patient Care	4513007	Transfer of Patient Care	R
Patient Belongings (Receipt)	4513017	Patient Belongings (Receipt)	R
Airway Verification	4513015	Airway Verification	R
Physician Orders	4513029	Physician Orders	R
Controlled Substance, Administration	4513011	Controlled Substance, Administration	R
Controlled Substance, Waste	4513013	Controlled Substance, Waste	R
Witness	it4513.102	Witness	R
Other	4513023	Other	R

Comments

eOther.14 – Type of Patient Representative

Definition
If patient representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient

Location in Runform			
Section	Signature	Panel	Signature

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Self	4514043	Self	R
Father	4514011	Father	R
Mother	4514027	Mother	R
Wife	4514051	Wife	R
Husband	4514021	Husband	R
Domestic Partner	4514009	Domestic Partner	R
Friend	4514013	Friend	R
Grandfather	4514015	Grandfather	R
Grandmother	4514017	Grandmother	R
Guardian	4514019	Guardian	R
Daughter	4514005	Daughter	R
Son	4514047	Son	R
Brother	4514003	Brother	R
Sister	4514045	Sister	R
Aunt	4514001	Aunt	R
Uncle	4514049	Uncle	R
Other Relative	4514041	Other Relative	R
Power of Attorney	4514039	Power of Attorney	R
Law Enforcement	4514023	Law Enforcement	R
Nurse (RN)	4514029	Nurse (RN)	R
MD/DO	4514025	MD/DO	R
Physician's Assistant (PA)	4514037	Physician's Assistant (PA)	R
Nurse Practitioner (NP)	4514031	Nurse Practitioner (NP)	R
Other Care Provider (Home health, hospice, etc.)	4514033	Other Care Provider (Home health, hospice, etc.)	R
Discharge Planner	4514007	Discharge Planner	R
Other	4514035	Other	R

Comments

eOther.15 – Signature Status

Definition

Indication that a patient or patient representative signature has been collected or attempted to be collected.

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Signed	4515031	Signed	R
Physical Signature/Paper Copy Obtained	4515027	Physical Signature/Paper Copy Obtained	R
Signed-Not Patient	4515033	Signed-Not Patient	R
Refused	4515029	Refused	R
Not Signed - Crew Called out to another call	4515001	Not Signed - Crew Called out to another call	R
Not Signed - Deceased	4515003	Not Signed - Deceased	R
Not Signed - Due to Distress Level	4515005	Not Signed - Due to Distress Level	R
Not Signed - Equipment Failure	4515007	Not Signed - Equipment Failure	R
Not Signed - In Law Enforcement Custody	4515009	Not Signed - In Law Enforcement Custody	R
Not Signed - Language Barrier	4515011	Not Signed - Language Barrier	R
Not Signed - Mental Status/Impaired	4515013	Not Signed - Mental Status/Impaired	R
Not Signed - Minor/Child	4515015	Not Signed - Minor/Child	R
Not Signed - Physical Impairment of Extremities	4515017	Not Signed - Physical Impairment of Extremities	R
Not Signed - Refused	4515019	Not Signed - Refused	R
Not Signed - Transferred Care/No Access to Obtain Signature	4515021	Not Signed - Transferred Care/No Access to Obtain Signature	R
Not Signed - Unconscious	4515023	Not Signed - Unconscious	R
Not Signed -Visually Impaired	4515025	Not Signed -Visually Impaired	R

Comments

eOther.18 – Signature Graphic

Definition

The graphic file for the signature

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	base64Binary				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
578	A Provider Signature is Required.	2	Local	No

eOther.19 – Date/Time of Signature

Definition
The date and time the signature was captured

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

eOther.20 – Signature Last Name

Definition

The last name of the individual who signed the associated signature

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	60

Comments

eOther.21 – Signature First Name

Definition
The first name of the individual associated with the signature.

Location in Runform			
Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	0	maxLength	50

Comments

itOther.002 - Language

Definition
Signature Language

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Defaulted	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
English		English	R

Comments
Defaulted to English in every report statewide

itOther.014 – AMA Patient Explanation

Definition

Against Medical Advice Patient Explanation

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Comments

itOther.015 – AMA Type

Definition

Against Medical Advice Type

Location in Runform

Section	Signatures	Panel	Refusals-AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
AMA Refused Care /Transport	itOther.015.100	AGAINST MEDICAL ADVICE, refuse medical care, transportation, and/or advice by this agency.	QR
REQUEST RELEASE from Care /Transport	itOther.015.101	REQUEST RELEASE, as I do not feel my condition requires emergency care and/or transportation by this agency.	QR
REFUSED SPECIFIC Care or Destination	itOther.015.102	REFUSE SPECIFIC care, advice, or recommended destination as provided by this agency.	QR

Comments

itOther.016 - List Specific Items Refused

Definition

AMA – List Specific Items Refused

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specifics

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Comments

itOther.017 - Patient/DDM Reason For AMA

Definition
Patient/DDM Reason For AMA

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Chief Complaint resolved	itOther.017.100	Chief Complaint resolved	QR
Ambulance transport not necessary	itOther.017.101	Feels ambulance transport not necessary	QR
Going POV to medical care	itOther.017.102	Private tx to hospital/PMD available	QR
Other	itOther.017.103	Other	QR

Comments

itOther.018 - Patient/DDM Alternative Plan

Definition

Patient/DDM Alternative Plan

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Stay Home & Monitor	itOther.018.100	Stay Home & Monitor	QR
Go Home & Monitor	itOther.018.101	Go Home & Monitor	QR
POV to ED/Urgent Care	itOther.018.102	Private auto to hospital	QR
POV to PCP	itOther.018.103	Private auto to PMD	QR
Call PCP	itOther.018.104	Call PMD	QR
Other	itOther.018.105	Other	QR

Comments

itOther.019 – Who (family/friends) is with Patient Now

Definition

Who (family/friends) is with patient now

Location in Runform

Section	Signature	Panel	Refusals-AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Family	itOther.019.100	Family	QR
Friends	itOther.019.101	Friends	QR
Legal Guardian/Designated Decision Maker	itOther.019.102	Legal Guardian/DDM	QR
Law Enforcement	itOther.019.103	Law Enforcement	QR
Responsible Adult (ie. School Nurse)	itOther.019.104	Responsible Adult (ie. School Nurse)	QR
Other	itOther.019.105	Other	QR

Comments

itOther.020 - Is Patient (or DDM) oriented to person, place, time & event

Definition

Is Patient (or DDM) oriented to person, place, time & event

Location in Runform

Section	Signature	Panel	Refusals-AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Attributes

NOT Values (NV)		
7701001 - Not Applicable		

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Yes	itOther.020.100	Yes	QR
No	itOther.020.101	No	QR
Not Available	itOther.020.102	Not Available	QR
Unknown	itOther.020.103	Unknown	QR

Comments

itOther.021 - Is Patient (or DDM) UNimpaired by drugs or alcohol

Definition

Is Patient (or DDM) UNimpaired by drugs or alcohol

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specific

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Attributes

NOT Values (NV)		
7701001 - Not Applicable		

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Yes	itother.021.100	Yes	QR
No	itother.021.101	No	QR
Not Available	itother.021.102	Not Available	QR
Unknown	itother.021.103	Unknown	QR

Comments

itOther.022 - Is Patient (or DDM) competent to refuse care

Definition
Is Patient (or DDM) competent to refuse care

Location in Runform
Section	Signatures	Panel	Refusals – AMA and Specific

State Requirements
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Attributes
NOT Values (NV)		
7701001 - Not Applicable		

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Yes	itother.022.100	Yes	QR
No	itother.022.101	No	QR
Not Available	itother.022.102	Not Available	QR
Unknown	itother.022.103	Unknown	QR

Comments

itOther.023 - Has patient (or DDM) been advised that 911 can be reassessed

Definition
Has patient (or DDM) been advised that 911 can be reassessed

Location in Runform			
Section	Signature	Panel	Refusals-AMA and Specifics

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Attributes		
NOT Values (NV)		
7701001 - Not Applicable		

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Yes	itother.023.100	Yes	QR
No	itother.023.101	No	QR
Not Available	itother.023.103	Not Available	QR
Unknown	itother.023.102	Unknown	QR

Comments

itOther.024 – Have the risks and complications of refusal been discussed

Definition

AMA - Have the risks and complications of refusal been discussed

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specifics

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Attributes

NOT Values (NV)		
7701001 - Not Applicable		

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Yes	itother.024.100	Yes	QR
No	itother.024.101	No	QR
Not Available	itother.024.103	Not Available	QR
Unknown	itother.024.102	Unknown	QR

Comments

itOther.025 – Is the patient 18 YEARS OF AGE or emancipated

Definition
Is the patient 18 YEARS OF AGE or emancipated

Location in Runform			
Section	Signatures	Panel	Refusal – AMA and Specifics

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Attributes		
NOT Values (NV)		
7701001 - Not Applicable		

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Yes	itother.025.100	Yes	QR
No	itother.025.101	No	QR
Not Available	itother.025.103	Not Available	QR
Unknown	itother.025.102	Unknown	QR

Comments

itOther.030 – AMA Interventions

Definition
AMA Interventions

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specifics

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Attempted to Convince Patient	itOther.030.100	Attempted to Convince Patient	QR
Attempted to Convince Family / DDM	itOther.030.101	Attempted to Convince Family / DDM	QR
Contacted Medical Direction	itOther.030.102	Contacted Medical Direction	QR
Contacted Law Enforcement	itOther.030.103	Contacted Law Enforcement	QR
Other/Not Listed	itOther.030.104	Other/Not Listed	QR

Comments

itOther.031 – AMA Contact Medical Direction Facility

Definition

AMA Contact Medical Direction Facility

Location in Runform

Section	Signatures	Panel	Refusals – AMA and Specifics

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	**minLength**	0	**maxLength**	255

Comments

itOther.032 – Crew Member

Definition

Single Select Crew to fill first name and last name

Location in Runform

Section	Narrative	Panel	Provider Care Signature
Section	Signature	Panel	Signature

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Comments

eOutcome.01 - Emergency Department Disposition

Definition
The known disposition of the patient from the Emergency Department (ED)

Location in Runform			
Section	Outcome	Panel	Outcome

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single - Select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Admitted as an inpatient to this hospital.	9	Admitted as an inpatient to this hospital.	R
Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)	20	Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)	R
Discharged to home or self care (routine discharge)	1	Discharged to home or self care (routine discharge)	R
Discharged/transferred to a Critical Access Hospital (CAH).	66	Discharged/transferred to a Critical Access Hospital (CAH).	R
Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)	43	Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)	R
Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.	62	Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.	R
Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	R
Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	R
Discharged/transferred to a skilled nursing facility (SNF)	3	Discharged/transferred to a skilled nursing facility (SNF)	R
Discharged/transferred to an intermediate care facility (ICF)	4	Discharged/transferred to an intermediate care facility (ICF)	R
Discharged/transferred to another short term general hospital for inpatient care	2	Discharged/transferred to another short term general hospital for inpatient care	R

			R
Discharged/transferred to another type of health care institution not defined elsewhere in the code list.	70	Discharged/transferred to another type of health care institution not defined elsewhere in the code list.	R
Discharged/transferred to another type of institution not defined elsewhere in this code list	5	Discharged/transferred to another type of institution not defined elsewhere in this code list	R
Discharged/transferred to court/law enforcement	21	Discharged/transferred to court/law enforcement	R
Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care	6	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care	R
Discharged/transferred to Hospice - home.	50	Discharged/transferred to Hospice - home.	R
Discharged/transferred to Hospice - medical facility	51	Discharged/transferred to Hospice - medical facility	R
Discharged/transferred to long term care hospitals	63	Discharged/transferred to long term care hospitals	R
Discharged/transferred within this institution to a hospital based Medicare approved swing bed.	61	Discharged/transferred within this institution to a hospital based Medicare approved swing bed.	R
Left against medical advice or discontinued care	7	Left against medical advice or discontinued care	R
Still a patient or expected to return for outpatient services.	30	Still a patient or expected to return for outpatient services.	R

Comments

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

https://www.cms.gov/transmittals/downloads/R1104CP.pdf Page 35-36

Codes are available from Medicare contractors and the National Uniform Billing company (NUBC_ (www.nubc.org) via the NUBC's Official UB-04 Data Specifications Manual.
Â
Contractor site, Knowledge Trek: http://www.ub04.net/downloads/Medicare_Pub_Ch_25.pdf Please reference the section "FL 17 - Patient Status" found on page 23-25 of 126.

eOutcome.02 – Hospital Disposition

Definition

The known disposition of the patient from the hospital, if admitted.

Location in Runform

Section	Outcome	Panel	Outcome

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)	20	Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient)	R
Discharged to home or self care (routine discharge)	1	Discharged to home or self care (routine discharge)	R
Discharged/transferred to a Critical Access Hospital (CAH).	66	Discharged/transferred to a Critical Access Hospital (CAH).	R
Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)	43	Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility)	R
Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.	62	Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital.	R
Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	64	Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare	R
Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.	R
Discharged/transferred to a skilled nursing facility (SNF)	3	Discharged/transferred to a skilled nursing facility (SNF)	R
Discharged/transferred to an intermediate care facility (ICF)	4	Discharged/transferred to an intermediate care facility (ICF)	R
Discharged/transferred to another short term general hospital for inpatient care	2	Discharged/transferred to another short term general hospital for inpatient care	R

Discharged/transferred to another type of health care institution not defined elsewhere in the code list.	70	Discharged/transferred to another type of health care institution not defined elsewhere in the code list.	R
Discharged/transferred to another type of institution not defined elsewhere in this code list	5	Discharged/transferred to another type of institution not defined elsewhere in this code list	R
Discharged/transferred to court/law enforcement	21	Discharged/transferred to court/law enforcement	R
Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care	6	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care	R
Discharged/transferred to Hospice - home.	50	Discharged/transferred to Hospice - home.	R
Discharged/transferred to Hospice - medical facility	51	Discharged/transferred to Hospice - medical facility	R
Discharged/transferred to long term care hospitals	63	Discharged/transferred to long term care hospitals	R
Discharged/transferred within this institution to a hospital based Medicare approved swing bed.	61	Discharged/transferred within this institution to a hospital based Medicare approved swing bed.	R
Left against medical advice or discontinued care	7	Left against medical advice or discontinued care	R
Still a patient or expected to return for outpatient services.	30	Still a patient or expected to return for outpatient services.	R

Comments

The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set, referencing the Uniform Bill - Form CMS-1450 (UB-04) and the FL 17 - Patient Discharge Status Required. (For all Part A inpatient, SNF, hospice, home health agency (HHA) and outpatient hospital services.) This code indicates the patient's status as of the "Through" date of the billing period (FL 6).

https://www.cms.gov/transmittals/downloads/R1104CP.pdf Page 35-36

Codes are available from Medicare contractors and the National Uniform Billing company (NUBC_ (www.nubc.org) via the NUBC's Official UB-04 Data Specifications Manual.

Contractor site, Knowledge Trek: http://www.ub04.net/downloads/Medicare_Pub_Ch_25.pdf Please reference the section "FL 17 - Patient Status" found on page 23-25 of 126.

eOutcome.03 - External Report ID/Number Type

Definition
The Type of External Report or Record associated with the Report/ID Number.

Location in Runform			
Section	Transport	Panel	Transfer of Care

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Prior EMS Patient Care Report	4303019	Prior EMS Patient Care Report	R
Disaster Tag	4303001	Disaster Tag	R
Fire Incident Report	4303003	Fire Incident Report	R
Hospital-Receiving	4303005	Hospital-Receiving	R
Hospital-Transferring	4303007	Hospital-Transferring	R
Law Enforcement Report	4303009	Law Enforcement Report	R
Other	4303011	Other	R
Other Registry	4303013	Other Registry	R
Other Report	4303015	Other Report	R
Patient ID	4303017	Patient ID	R
STEMI Registry	4303021	STEMI Registry	R
Stroke Registry	4303023	Stroke Registry	R
Trauma Registry	4303025	Trauma Registry	R

Comments

eOutcome.04 - External Report ID/Number

Definition
The ID or Number of the external report or record in eOutcome.03.

Location in Runform
Section	Transport	Panel	Transfer of Care for Transport

State Requirements
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints
Data Type	string	minLength	2	maxLength	100

Comments
Added to allow documentation of external record and identification numbers.

eOutcome.10 - Emergency Department Diagnosis

Definition

The practitioner's description of the condition or problem for which Emergency Department services were provided.

Location in Runform

Section	Outcome	Panel	Outcome

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255
Pattern	[A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,3})?)				

Comments

Code list is represented in ICD-10-CM: Diagnosis Codes.
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

eOutcome.13 – Hospital Diagnosis

Definition
The hospital diagnosis of the patient associated with the hospital admission.

Location in Runform			
Section	Outcome	Panel	Outcome

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	**minLength**	0	**maxLength**	255
Pattern	[A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)				

Comments
Code list is represented in ICD-10-CM: Diagnosis Codes. Website - http://uts.nlm.nih.gov Product - UMLS Metathesaurus

ePatient.02 – Last Name

Definition

The Patient's last (family) name

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Constraints

Data Type	string	minLength	1	maxLength	60

Comments

Pertinent negatives accepted with option of "Unable to Complete" or "Refused".

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
548	Last Name is required when there is a patient.	10	State	Warning

ePatient.03 – First Name

Definition

The patient's first (given) name

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Constraints

Data Type	string	minLength	1	maxLength	50

Comments

Pertinent negatives accepted with option of "Unable to Complete" or "Refused".

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
153	First Name is required when Arrived at Patient is not blank.	10	State	Warning

ePatient.04 – Middle Initial/Name

Definition
The patient's middle name, if any

Location in Runform			
Section	Patient Info	Panel	Patient Info

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	0	maxLength	50

Comments

ePatient.05 - Patient's Home Address

Definition
Patient's address of residence

Location in Runform

Section	Patient Info	Panel	Patient Address
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

StreetAddress2					
Data Type	String	minLength	1	maxLength	255

Constraints

Data Type	string	minLength	0	maxLength	255

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
191	Patient's home address is missing.	5	State	No

ePatient.06 – Patient's Home City

Definition
The patient's primary city or township of residence.

Location in Runform

Section	Patient Info	Panel	Patient Address
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Comments
City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
819	Patient's home city is blank	5	State	No

ePatient.07 – Patient's Home County

Definition

The patient's home county or parish of residence.

Location in Runform

Section	Patient Info	Panel	Patient Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	[0-9]{5}

Comments

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
911	Patients Home county is a required field when there is a patient	10	National	Warning

ePatient.08 – Patient's Home State

Definition

The state, territory, or province where the patient resides.

Location in Runform

Section	Patient Info	Panel	Patient Address
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	[0-9]{2}

Comments

The ANSI Code Selection by text but stored as ANSI code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
820	Patients Home ZIP Code is a required field when there is a patient	10	National	Warning

ePatient.09 – Patient's Home Zip Code

Definition
The patient's Zip code of residence

Location in Runform
Section	Patient Info	Panel	Patient Address
Section	Drop Off Form	Panel	Patient Info

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single		Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Pattern	[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Comments
ZIP Codes Product Website: https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/
Product: USA - 5-digit ZIP Code Database, Commercial Edition

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
95	Patients Home ZIP Code is a required field when Arrived at Patient is not blank.	10	National	Warning

ePatient.10 - Patient's Country of Residence

Definition
The country of residence of the patient.

Location in Runform
Section	Patient Info	Panel	Patient Address

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Constraints
Data Type	string	minLength	0	maxLength	2

Comments
Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

ePatient.12 – Social Security Number

Definition

The patient's social security number

Location in Runform

Section	Patient Info	Panel	Patient Address
Section	Billing	Panel	Insurance/Payment

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Pattern	[0-9]{9}

Comments

ePatient.13 – Patient Gender

Definition

The Patient's Gender

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Female	9906001	Female	R
Male	9906003	Male	R
Unknown	9906005	Unknown (unable to Determine)	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
96	Gender is a required field with patient contact	15	National	Warning
780	Unable to determine gender should only be used with obvious death where bodily damage or decomp prevents determination.	10	State	Warning
1030	If you make patient contact, you cannot enter patient gender as N/A	10	Logical	Warning

ePatient.14 – Race

Definition

The patient's race as defined by the OMB (US Office of Management and Budget)

Location in Runform

Section	Outcome	Panel	Outcome
Section	Defaulted NEMSIS Info	Panel	NEMSIS National Defaults

State Requirements

NH State Usage	Default	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
American Indian or Alaska Native	2514001	American Indian or Alaska Native	R
Asian	2514003	Asian	R
Black or African American	2514005	Black or African American	R
Hispanic or Latino	2514007	Hispanic or Latino	R
Native Hawaiian or Other Pacific Islander	2514009	Native Hawaiian or Other Pacific Islander	R
Other Race	it2514.001	Other Race	QR
White	2514011	White	R

Comments

OMB requirements are provided at: https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-089.html. Using single multiple choice question methodology to improve the completion of ethnicity information.

Ethnicity (Version 2.2.1: E06_13) has been merged with this data element and retired.

ePatient.15 – Age

Definition

The patient's age (either calculated from date of birth or best approximation)

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	integer	minLength	1	maxLength	120

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
97	Age is a required field when there is a patient	15	National	Warning
771	If you have a legitimate pt. age >108 y/o, please contact the BEMS. Otherwise please review and correct the patient's DOB and Age.	15	State	Warning
772	Patient Ages greater than 101 are rare. Please confirm the DOB and age for this patient.	0	State	Warning

ePatient.16 – Age Units

Definition

The unit used to define the patient's age

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Years	2516009	Years	R
Months	2516007	Months	R
Days	2516001	Days	R
Hours	2516003	Hours	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
98	Age Units is a required field.	15	National	Warning
765	The patient weight is too high for this patients age units to be hours.	15	Logical	Warning
766	Patients age units cannot be more than 29 days or patient weight is too great for <1 month old.	15	Logical	Warning
767	Ages greater than 23 months should be in years or weight is too great for age in months.	15	Logical	Warning
912	Age Units is a required field when age is entered.	15	National	Warning

ePatient.17 – Date of birth

Definition

The patient's Date of birth

Location in Runform

Section	Patient Info	Panel	Patient Info
Section	Drop Off Form	Panel	Patient Info

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Constraints

Data Type	date	minInclusive	1890-01-01	maxInclusive	2050-01-01

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
19	The time sequence requires that Date of Birth must occur before Unit Arrives at Destination Facility.	15	logical	Warning
200	Date of birth is missing	10	State	Warning

ePatient.18 – Patient's Phone Number

Definition

The patient's phone number

Location in Runform

Section	Patient Info	Panel	Patient Address

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255
Pattern	[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]				

Comments

This element contains an attribute to define what type of phone number is being documented (e.g., Fax, Home, Mobile, Pager, and Work).

itPatient.003 – Patient Generation

Definition

Patient Generation (suffix)

Location in Runform

Section	Patient Info	Panel	Patient Info

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Sr	itPatient.003.101	Sr	QR
Jr	itPatient.003.100	Jr	QR
I	itPatient.003.102	I	QR
II	itPatient.003.103	II	QR
III	itPatient.003.104	III	QR
IV	itPatient.003.105	IV	QR
V	itPatient.003.106	V	QR

Comments

itPatient.004 – Patient Apartment Number

Definition
Patient Apartment Number

Location in Runform			
Section	Patient Info	Panel	Patient Address

State Requirements			
NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	0	maxLength	50

Comments

itPatient.021 – Patient Address Favorite Postal Code

Definition
Patient Address Favorite Postal Code

Location in Runform			
Section	Patient Info	Panel	Patient Address

State Requirements			
NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select		Is Nillable (Can be Blank)	No

Comments
Agencies are able to set their favorite postal codes making addresses easily fillable.

ePayment.01 – Primary Method Of Payment

Definition

The primary method of payment or type of insurance associated with this EMS encounter

Location in Runform

Section	Defaulted NEMSIS Info	Panel	NEMSIS National Defaults

State Requirements

NH State Usage	Defaulted	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Community Network	2601019	Community Network	R
Contracted Payment	2601017	Contracted Payment	R
Insurance	2601001	Insurance	R
Medicaid	2601003	Medicaid	R
Medicare	2601005	Medicare	R
No Insurance Identified	2601021	No Insurance Identified	R
Not Billed (for any reason)	2601007	Not Billed (for any reason)	R
Other Government	2601009	Other Government	R
Other Payment Option	2601023	Other Payment Option	R
Payment by Facility	2601015	Payment by Facility	R
Self Pay	2601011	Self Pay	R
Workers Compensation	2601013	Workers Compensation	R

Comments

Field is defaulted to Other Payment Option within the form for every call in the state of NH

ePayment.10 – Insurance Company Name

Definition

The name of the patient's insurance company

Location in Runform

Section	Billing	Panel	Insurance/Payment

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	2	maxLength	60

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
597	Need to have an insurance or self pay listed	10	No	Local

ePayment.17 – Insurance Group ID

Definition
The ID number of the patient's insurance group

Location in Runform			
Section	Billing	Panel	Insurance/Payment

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	0	maxLength	255

Comments

ePayment.18 – Insurance Policy ID Number

Definition
The ID number of the patient's insurance policy

Location in Runform			
Section	Billing	Panel	Insurance/Payment

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	2	maxLength	30

Comments

ePayment.23 - Closest Relative/Guardian Last Name

Definition

The last (family) name of the patient's closest relative or guardian

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	60

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
534	Minor patients must have a Guardian / Emergency Contact listed or enter a relationship type of unknown.	2	State	No

ePayment.24 – Closest Relative/Guardian First Name

Definition

The first (given) name of the patient's closest relative or guardian

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	50

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
535	Minor patients must have a Guardian / Emergency Contact listed.	2	State	No

ePayment.26 – Closest Relative/Guardian Street Address

Definition

The street address of the residence of the patient's closest relative or guardian

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Attributes

StreetAddress2					
Data Type	string	minLength:	1	maxLength:	255

Constraints

Data Type	string	minLength	1	maxLength	255

Comments

This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.

ePayment.27 – Closest Relative/Guardian City

Definition
The primary city or township of residence of the patient's closest relative or guardian.

Location in Runform
Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints
Data Type	string	minLength	2	maxLength	30

Comments
The city elements within the ePayment section have been updated to allow free text. This is important for mailing address purposes to submit claims and identify the correct payer.

ePayment.28 - Closest Relative/ Guardian State

Definition
The state of residence of the patient's closest relative or guardian.

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Pattern	[0-9]{2}

Comments
Based on ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

ePayment.29 – Closest Relative/Guardian Zip Code

Definition

The ZIP Code of the residence of the patient's closest relative or guardian.

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Pattern	[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Comments

ZIP Codes Product Website: https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/
Product: USA - 5-digit ZIP Code Database, Commercial Edition

ePayment.30 – Closest Relative/Guardian Country

Definition

The country of residence of the patient's closest relative or guardian.

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength		maxLength	2

Comments

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

ePayment.31 - Closest Relative/ Guardian Phone Number

Definition

The phone number of the patient's closest relative or guardian

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Attributes

9913007 - Pager	9913001 - Fax	9913003 - Home
9913005 - Mobile	9913009 - Work	

Constraints

Data Type	string	minLength	0	maxLength	255
Pattern	[2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]				

Comments

ePayment.32 - Closest Relative/ Guardian Relationship

Definition

The relationship of the patient's closest relative or guardian

Location in Runform

Section	Patient Info	Panel	Guardian/Emergency Contact
Section	Billing	Panel	Parent / Guardian Contact

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Appointed Guardian	2632001	Appointed Guardian	R
Child/Dependent	2632003	Child/Dependent	R
Father	2632005	Father	R
Mother	2632007	Mother	R
Other (non-relative)	2632009	Other (non-relative)	R
Other (Relative)	2632011	Other (Relative)	R
Sibling	2632013	Sibling	R
Spouse	2632015	Spouse	R
Employee	2632017	Employee	R
Life/Domestic Partner	2632019	Life/Domestic Partner	R
Unknown	2632021	Unknown	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
536	Minor patients must have a Guardian / Emergency Contact listed.	2	State	No

ePayment.33 – Patient's Employer

Definition

The Patient's Employer Name

Location in Runform

Section	Billing	Panel	Insurance

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	2	maxLength	60

Comments

ePayment.40 – Response Urgency

Definition

The urgency in which the EMS agency began to mobilize resources for this EMS encounter.

Location in Runform

Section	Response Resources	Panel	Response Priority

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Immediate	2640001	Immediate	R
Non-Immediate	2640003	Non-Immediate	R

Comments

This is for billing documentation.

ePayment.42 – Specialty Transport Care Provider

Definition

Documentation to show the patient care provided to the patient met the Specialty Care Transport Base Rate requirements.

Location in Runform

Section	Response Resource	Panel	Responding Crew

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Critical Care Paramedic	2642035	Critical Care Paramedic	R
Nurse Practitioner	2642005	Nurse Practitioner	R
Other Healthcare Professional	2642027	Other Healthcare Professional	R
Physician (MD, DO)	2642007	Physician (MD, DO)	R
Physician Assistant	2642009	Physician Assistant	R
Registered Nurse	2642039	Registered Nurse	R
Respiratory Therapist	2642031	Respiratory Therapist	R
Student	2642033	Student	R

Comments

Added to improve Specialty Care Transport billing justification. In accordance with CMS requirements Specialty Care Transport (SCT): ""Additional training" means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.

ePayment.50 – CMS Service Level

Definition

The CMS service level for this EMS encounter.

Location in Runform

Section	Billing	Panel	CMS Service Level

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
BLS, Emergency	2650009	BLS, Emergency	R
ALS, Level 1 Emergency	2650003	ALS, Level 1 Emergency	R
BLS	2650007	BLS	R
ALS, Level 1	2650001	ALS, Level 1	R
ALS, Level 2	2650005	ALS, Level 2	R
Paramedic Intercept	2650013	Paramedic Intercept	R
Specialty Care Transport	2650015	Specialty Care Transport	R
Rotary Wing (Helicopter)	2650017	Rotary Wing (Helicopter)	R
Fixed Wing (Airplane)	2650011	Fixed Wing (Airplane)	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
830	CMS service level is missing on transported patients	1	National	No

itPayment.008 – Hospital Admit

Definition

Hospital Admit

Location in Runform

Section	Defaulted NEMSIS Info	Panel	NEMSIS National Defaults

State Requirements

NH State Usage	Defaulted	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	itpayment.008.100	No	R
Yes	itpayment.008.101	Yes	R

Comments

itPayment.020 – Billing Notes

Definition
Billing Notes

Location in Runform			
Section	Billing	Panel	CMS Service Levels

State Requirements			
NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	string			maxLength	-1

Comments

eProcedures.01 – Date/Time Procedure Performed

Definition

The date/time the procedure was performed on the patient

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

DateTime consists of finite-length characters of the form: yyyy '-' mm '-' dd 'T' hh ':' mm ':' ss ('.' s+)? (zzzzzz)

yyyy	a four-digit numeral that represents the year
'-'	separators between parts of the date portion
mm	a two-digit numeral that represents the month
dd	a two-digit numeral that represents the day
T	separator that indicates time-of-day follows
hh	a two-digit numeral that represents the hour
':'	a separator between parts of the time-of-day portion
mm	a two-digit numeral that represents the minute
ss	a two-integer-digit numeral that represents the whole seconds
'.' s+	(not required) represents the fractional seconds
zzzzz z	(required) represents the timezone (as described below)

Timezones, required, are durations with (integer-valued) hour and minute properties in the form: ('+' | '-') hh ':' mm

hh a two-digit numeral (with leading zeros as required) that represents the hours

mm a two-digit numeral that represents the minutes

'+' a nonnegative duration

'-' a nonpositive duration

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
24	Date/Time Procedure Performed is before Arrived at Patient and Prior To Arrival is "No"	10	National	Warning
136	Time Procedure Performed is a required field when there is a Procedure.	10	National	Warning
541	Date/Time Procedure is Performed is after departure from the scene	10	National	Warning
835	This procedure Date/Time is after the transfer of patient care at the destination.	10	National	Warning
881	When Procedure Performed Prior to this Unit's EMS Care is "Yes," Date/Time Procedure Performed should be no later than Arrived at Patient Date/Time.	10	National	Warning
908	This procedure time is after arrival at the destination. Enter a transfer of care time or fix the Procedure time.	10	National	Warning

eProcedures.02 - Procedure Performed Prior to this Unit's EMS Care

Definition

Indicates that the procedure which was performed and documented was performed prior to this EMS units care.

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
137	Procedure Performed Prior to this Units EMS Care is a required field on each Procedure	10	National	Warning

eProcedures.03 - Procedure

Definition
The procedure performed on the patient.

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801001 - Contraindication Noted	8801003 - Denied By Order	eProcedures.03.100 - Order Criteria Not Met
8801007 – Medication Allergy	8801019 - Refused	

Constraints

Data Type	integer	minInclusive	100000	maxInclusive	999999999999999

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Abdominal Pain / Problems	R10.0	Acute Abdomen	R
Adrenal Insuffiency	E27.40	Unspecified adrenocortical insufficiency	R
Airway Obstruction by Foreign Body	T17.9	Foreign body in respiratory tract, part unspecified	R
Alcohol Abuse and Effects	F10	Alcohol related disorders	R
Allergic Reaction (Localized)	T78.40	Allergy, unspecified	R
Altered Mental Status (Unknown Cause)	R41.83	Altered Mental Status, Unspecified	R
Anaphylaxis	T78.2	Anaphylactic shock, unspecified	R
Anxiety Attack / Acute Stress Reaction	F43.9	Reaction to severe stress, unspecified	R
Arm Pain, (Non-Traumatic) Unspecified Cause or Location	M79.603	Pain in arm, unspecified	R
Asthma, Reactive Airway Disease	J45.901	Unspecified asthma with (acute) exacerbation	R

Back Pain (Non-Traumatic)	M54.9	Dorsalgia, unspecified	R
Brief Resolved Unexplained Event (BRUE)	R68.13	Apparent life threatening event in infant (ALTE)	R
Burns	T30.0	Burn of unspecified body region, unspecified degree	R
Cancer (Complications Related to)	D49	Neoplasms of unspecified behavior	R
Carbon Monoxide Poisoning (Accidental)	T58	Toxic effects of carbon monoxide	R
Cardiac Arrest	I46.9	Cardiac arrest, cause unspecified	R
Cardiac Chest Pain / Acute Coronary Syndrome	I20.0	Unstable angina	R
Cardiac Rhythm Disturbance (Tachy, Brady, Ectopy, Other)	I49.9	Cardiac arrhythmia, unspecified	R
Cardiac Tampanade	I31.4	Cardiac tamponade	R
Cardiogenic Shock	R57.0	Cardiogenic shock	R
Cellulitis (Complications Related to)	L03.90	Cellulitis, unspecified	R
Chest Pain, Non-Cardiac	R07.89	Other chest pain	R
CHF (Congestive Heart Failure)	I50.9	Heart failure, unspecified	R
Childbirth / Labor and Delivery (Normal /UNComplicated)	O80	Encounter for full-term uncomplicated delivery	R
Childbirth / Labor and Delivery WITH Complications	O75	Other complications of labor and delivery, not elsewhere classified	R
Childbirth / Labor and Delivery, Premature	O60.1	Preterm labor with preterm delivery	R
Chronic Pain, Unspecified	G89.2	Chronic pain, not elsewhere classified	R
Congenital Malformation (Complications Related to)	Q89.9	Congenital malformation, unspecified	R
COPD (Emphysema / Chronic Bronchitis)	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	R
Croup	J05.0	Acute obstructive laryngitis [croup]	R
Dehydration	E86.0	Dehydration	R
Dental Pain or Problems	K08.9	Disorder of teeth and supporting structures, unspecified	R
Diabetic HypERglycemia	E13.65	Other specified diabetes mellitus with hyperglycemia	R
Diabetic HYPOglycemia	E13.64	Other specified diabetes mellitus with hypoglycemia	R
Diarrhea, unspecified	R19.7	Diarrhea, unspecified	R
Disruption of wound, varicose vein, skin tear, unspecified	T81.30	Disruption of wound, unspecified	R
Drowning	T75.1	Unspecified effects of drowning and nonfatal submersion	R
Drug Overdose / Abuse: Opiates/Narcotics (Non-Heroin or Unknown)	T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter	R
Drug Overdose / Abuse: Other Illicit Drug or Misuse of Meds	F19.129	Other psychoactive substance abuse with intoxication, unspecified	R
Drug Overdose / Abuse: Cocaine	T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter	R
Drug Overdose / Abuse: Hallucinogens,	T40.9	Poisoning by, adverse effect of and underdosing of	R

LSD and Mushrooms		other and unspecified psychodysleptics [hallucinogens]	
Drug Overdose / Abuse: Heroin (Known or Suspected)	T40.1X4A	Poisoning by heroin, undetermined	R
Drug Overdose / Abuse: Marijuana / Spice or Other Synthetic Cannabis	T40.7X1A	Poisoning by cannabis NOS	R
Drug Overdose / Abuse: Psychoactive Drug (Meth, MDMA, XTC, etc.)	T43.601	Poisoning by unspecified psychostimulants, accental (unintentional)	R
Dystonic Reaction from Drugs	G24.02	Drug induced acute dystonia	R
Eclampsia or Pre-Eclampsia	O15.9	Eclampsia NOS	R
Effects of Stings, Bites, Plant Contact	T63	Toxic effect of contact with venomous animals and plants	R
Electrocution	T75.4	Electrocution	R
Epiglottitis	J05.1	Acute epiglottitis	R
Epistaxis / Nose Bleed (Non-Traumatic)	R04.0	Epistaxis	R
Excited/Agitated Delirium	R41.0	Disorientation, unspecified	R
Eye Pain (Non-Traumatic)	H57.10	Ocular pain, unspecified eye	R
Fever (Unknown Cause)	R50.9	Fever, unspecified	R
Foreign body (Location Not otherwise Listed)	Z18	Retained foreign body fragments	R
Foreign body in Ear	T16	Foreign body in ear	R
Foreign body in Esophagus/GI Tract/Rectum	T18.9	Foreign body of alimentary tract, part unspecified	R
Foreign body in Genitourinary Tract	T19.9	Foreign body in genitourinary tract, part unspecified	R
Foreign body in Nose	T17.1	Foreign body in nosril	R
Foreign body on External Eye	T15	Foreign body on external eye	R
Frostbite	T34.90	Frostbite with tissue necrosis of unspecified sites	R
General Malaise (Unknown Cause)	R53.81	Other Malaise	R
GI Bleed	K92.2	Gastrointestional hemorrhage, unspecified	R
GI Infection, Virus or Food Poisoning	A09	Infectious gastroenteritis and colitis, unspecified	R
Headache or Migraine	R51	Headache	R
Heat Exhaustion / Stroke	T67.0	Heatstroke and sunstroke	R
Hematuria	R31	Hematuria	R
Hemothorax	J94.2	Hemothorax	R
HypERtension	I10	Essential (primary) hypertension	R
HypERthermia	6A3Z0ZZ	Hyperthermia, Single	R
HYPOtension	195.9	Hypotension, unspecified	R
HYPOthermia	T68	Hypothermia	R
HYPOvolemic Shock	R57.1	Hypovolemic shock	R
Implanted Medical Device Malfunction or Complications (AICD, Pacemaker, LVAD, Other)	Z45.89	Encounter for adjustment and management of other implanted devices	R
Infection / Infectious Disease (unspecified)	B99.9	Unspecified infectious disease	R
Influenza / Flu Like Illness	J11	Influenza due to unidentified influenza virus	R
Inhalant Abuse (e.g. Huffing)	F18.1	Inhalant abuse	R

Kidney Stones / Renal Colic	N20.0	Calculus of kidney	R
Labor Contractions withOUT Delivery	O60.0	Preterm labor without delivery	R
Leg Pain, (Non-Traumatic) Unspecified Cause or Location	M79.606	Pain in leg, unspecified	R
Lower Respiratory Infection	J22	Unspecified acute lower respiratory infection	R
Metabolic/Endocrine Disorder, Unspecified	E88.9	Metabolic disorder, unspecified	R
Miscarriage (Suspected)	O03	Spontaneous abortion	R
Myocardial Infarction, ST elevation (STEMI) of Inferior Wall	I21.1	ST elevation (STEMI) myocardial infarction of inferior wall	R
Myocardial Infarction, Non-ST elevation (NSTEMI)	I21.4	Non-ST elevation (NSTEMI) myocardial infarction	R
Myocardial Infarction, ST elevation (STEMI) of Anterior wall	I21.0	ST elevation (STEMI) myocardial infarction of anterior wall	R
Myocardial Infarction, ST elevation (STEMI) of Other Sites	I21.2	ST elevation (STEMI) myocardial infarction of other sites	R
Nausea/Vomiting (Unknown Etiology)	R11	Nausea and Vomiting	R
Neurological Disorder or Infection	G98.8	Other disorders of nervous system	R
Newborn Complications (Suspected) from Maternal Conditions	P01	Newborn (suspected to be) affected by maternal complications of pregnancy	R
Newborn Meconium Aspiration	P24.0	Meconium aspiration	R
No Apparent Illness or Injury- No Transport	Z00.00	Encounter for general adult medical examination without abnormal findings	R
No Apparent Illness or Injury-Transport Requested	Z71.1	Person with feared health complaint in whom no diagnosis is made	R
No Apparent Illness or Injury-Transported for Safety/Protocol	Z00.129	Encounter for general child health examination without abnormal findings	R
Nonstatus Seizures, Unspecified Type	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	R
Obesity related disorders or complications	E66.9	Obesity, unspecified	R
Obvious Death	R99	Ill-defined and unknown cause of mortality	R
Organophosphate Poisoning	T60.0X4A	Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter	R
Other Urinary Problem, unspecified	N39.9	Disorder of urinary system, unspecified	R
Pain, Location Not Otherwise Listed (Non-Traumatic)	G89.1	Acute pain, not elsewhere classified	R
PID / Pelvic Inflammatory Disease	N73.9	Female pelvic inflammatory disease, unspecified	R
Pneumothorax (Medical, Non-Traumatic)	J93.9	Pneumothorax, unspecified	R
Poisoning or Adverse Effect of Medication (Accidental)	T50.99	Poisoning by, adverse effect of and underdosing of other drugs, medicaments and other biological substances	R
Postpartum hemorrhage	O72	Postpartum hemorrhage	R
Preganacy Related Conditions or Complications, Unspecified	O26.9	Pregnancy related conditions, unspecified	R
Pregnancy Complicated by Trauma, Poisoning, Other External Causes	O9A.21	Injury, poisoning and certain other consequences of external causes complicating pregnancy	R

Psychiatric / Behavioral Problem	F99	Mental disorder, not otherwise specified	R
Pulmonary Emboli / PE	I26	Pulmonary embolism	R
Respiratory Arrest (NON-OVERDOSE With Pulse)	R09.2	Respiratory Arrest	R
Respiratory Distress Unknown Cause	J98.9	Respiratory disorder, unspecified	R
RSV / Respiratory Syncytial Virus	B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere	R
SARS	B97.21	SARS-associated coronaviris as the cause of diseases classified elsewhere	R
Sepsis	A41.9	Sepsis, unspecified organism	R
Sexual Abuse/Rape (Suspected)	T76.2	Sexual Abuse, supected	R
Shock: Unknown Cause	R57.9	Shock, unspecified	R
Sickle Cell Crisis	D57.0	Hb-SS disease with crisis	R
Smoke Inhalation	T59.81	Smoke Inhalation	R
Status Seizures, Generalized / Tonic-Clonic	G40.901	Epilepsy, unspecified, not intractable, with status epilepticus	R
STD (Complications Related to)	A64	Unspecified sexually transmitted disease	R
Stillbirth	P95	Stillbirth	R
Stroke / CVA	I63.9	Cerebral infarction, unspecified	R
Suffocation / Asphyxia	T71.9	Suffocation / Asphyxia	R
Suicide or Intentional Self-Harm	T14.91	Suicide attempt	R
Sunburn: (Degree Unspecified)	L55.0	Sunburn of first degree	R
Syncope / Fainting	R55	Syncope and Collapse	R
TIA (Transient Ischemic Attack)	G45.9	Transient cerebral ischemic attack, unspecified	R
Toxic Exposure by Contact with Hazardous Liquids or Solids	Z77.9	Other contact with and (suspected) exposures hazardous to health	R
Toxic Exposure by Inhalation of Hazardous Gases/Vapors	J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	R
Trauma or Injury (Abdomen)	S39.91	Unspecified injury of abdomen	R
Trauma or Injury (Abdomen-Pregnant)	O71.9	Obstetric trauma, unspecified	R
Trauma or Injury (Ankle)	S99.91	Unspecified injury of ankle	R
Trauma or Injury (Brain/TBI)	S06.9	Unspecified intracranial injury	R
Trauma or Injury (Cervical/C-Spine)	S14.10	Unspecified injury of cervical spinal cord	R
Trauma or Injury (Concussion WITH LOC)	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter	R
Trauma or Injury (Concussion withOUT LOC)	S06.0X0A	Concussion without loss of consciousness, initial encounter	R
Trauma or Injury (Dislocation of Hip)	M24.35	Pathological dislocation of hip, not elsewhere classified	R
Trauma or Injury (Dislocation of Joint not otherwise listed)	M24.30	Pathological dislocation of unspecified joint, not elsewhere classified	R
Trauma or Injury (Dislocation of Knee)	M24.36	Pathological dislocation of knee, not elsewhere classified	R
Trauma or Injury (Dislocation of Shoulder)	M24.31	Pathological dislocation of shoulder, not elsewhere classified	R
Trauma or Injury (Ear)	S09.91	Unspecified injury of ear	R

Trauma or Injury (Elbow)	S59.90	Unspecified injury of elbow	R
Trauma or Injury (External Genitals)	S39.94	Unspecified injury of external genitals	R
Trauma or Injury (Eye or Orbit)	S05	Injury of eye and orbit	R
Trauma or Injury (Face)	S09.93	Unspecified injury of face	R
Trauma or Injury (Foot)	S99.92	Unspecified injury of foot	R
Trauma or Injury (Forearm)	S59.91	Unspecified injury of forearm	R
Trauma or Injury (Head/Scalp)	S09.90	Unspecified injury of head	R
Trauma or Injury (Hip)	S79.91	Unspecified injury of hip	R
Trauma or Injury (Knee)	S80.91	Unspecified superficial injury of knee	R
Trauma or Injury (Low Back / Lumbar Spine)	S39.92	Unspecified injury of lower back	R
Trauma or Injury (Lower Leg)	S89.9	Unspecified injury of lower leg	R
Trauma or Injury (Neck, Anterior or Lateral)	S19.9	Unspecified injury of neck	R
Trauma or Injury (Nose)	S09.92	Unspecified injury of nose	R
Trauma or Injury (Pelvis)	S39.93	Unspecified injury of pelvis	R
Trauma or Injury (Pneumothorax)	S27.0	Traumatic pneumothorax	R
Trauma or Injury (Shoulder or Upper Arm)	S49.9	Unspecified injury of shoulder or upper arm	R
Trauma or Injury (Thigh /Upper Leg)	S79.92	Unspecified injury of thigh	R
Trauma or Injury (Thoracic Spine)	S24.109	Unspecified injury at unspecified level of thoracic spinal cord	R
Trauma or Injury (Thorax / Chest)	S29.9	Unspecified injury of thorax	R
Trauma or Injury (Wrist, Hand, or Fingers)	S69.9	Unspecified injury of wrist, hand or finger(s)	R
Traumatic Shock	T79.4	Traumatic shock	R
Unconscious / Coma (Non-Overdose, Unknown Etiology)	R40.2	Coma	R
Upper Respiratory Infection	J06.9	Acute upper respiratory infection unspecified	R
Urinary Incontinence	N39.4	Other specified urinary incontinence	R
UTI / Urinary Tract Infection	N39.0	Urinary tract infection, site not specified	R
Vaginal Bleeding	N93.9	Abnormal uterine and vaginal bleeding, unspecified	R
Vertigo/Dizziness (Complications Related to) Unknown Etiology	H81.3	Other peripheral vertigo	R
Visual disturbance / Vision Problems	H53.9	Unspecified visual disturbance	R
Vomiting due to pregnancy	O21.9	Vomiting of pregnancy, unspecified	R
Weakness (Unable to Diagnosis Specific Cause)	R53.1	Weakness	R

Comments
Procedures which are recorded as a Vital Sign do not have to be documented in the Procedure Section.
Code list is represented in SNOMEDCT. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

SNOMEDCT
Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html
Product: Product - UMLS Metathesaurus

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
138	Procedure is a required field on all Procedure grid records.	10	National	Warning
749	You must change this imported generic procedure to a real one.	20	State	No
879	When Procedure has a Pertinent Negative, it should have a value.	25	National	Error
880	When Procedure is a "Not Value" ("Not Applicable" or "Not Recorded ") no other procedure should be recorded.	25	National	Error

eProcedures.04 - Size of Procedure Equipment

Definition

The size of the equipment used in the procedure on the patient

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	20

Comments

Need business logic to require detail of size appropriate for the procedure.

eProcedures.05 - Number of Procedure Attempts

Definition

The number of attempts taken to complete a procedure or intervention regardless of success.

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	integer	minInclusive	1	maxInclusive	10

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
139	Number of Procedure Attempts is a required field on all Procedures.	10	National	Warning
786	Procedure attempts cannot be more than 1. Each procedure attempt must be entered and date/time stamped separately.	15	State	Warning

eProcedures.06 - Procedure Successful

Definition
Indicates that this individual procedure attempt which was performed on the patient was successful.

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single - Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
140	Procedure Successful is a required field on all Procedures.	10	National	Warning

eProcedures.07 – Procedure Complication

Definition
Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None	3907033	None	R
Altered Mental Status	3907001	Altered Mental Status	R
Apnea	3907003	Apnea	R
Bleeding	3907005	Bleeding	R
Bradycardia	3907047	Bradycardia	R
Bradypnea	3907007	Bradypnea	R
Diarrhea	3907009	Diarrhea	R
Esophageal Intubation-Immediately	3907011	Esophageal Intubation-Immediately	R
Esophageal Intubation-other	3907013	Esophageal Intubation-other	R
Extravasation	3907015	Extravasation	R
Hypertension	3907017	Hypertension	R
Hyperthermia	3907019	Hyperthermia	R
Hypotension	3907021	Hypotension	R
Hypothermia	3907023	Hypothermia	R
Hypoxia	3907025	Hypoxia	R
Injury	3907027	Injury	R
Nausea	3907031	Nausea	R
Other	3907035	Other	R

Respiratory Distress	3907039	Respiratory Distress	R
Tachycardia	3907041	Tachycardia	R
Tachypnea	3907043	Tachypnea	R
Vomiting	3907045	Vomiting	R
Itching	3907049	Itching	R
Uticaria	3907051	Uticaria	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
141	Procedure Complication is a required field when there is a procedure.	5	National	Warning
882	When Procedure Complication is "None" no other Procedure Complications should be recorded	5	National	Warning

eProcedures.08 - Response to Procedure

Definition

The patient's response to the procedure

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Improved	9916001	Improved	R
Unchanged	9916003	Unchanged	R
Worse	9916005	Worse	R

Comments

eProcedures.09 – Procedure Crew Members ID

Definition
The statewide assigned ID number of the EMS crew member performing the procedure on the patient

Location in Runform			
Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements					
National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints					
Data Type	string	**minLength**	2	**maxLength**	50

Comments
For an incident that occurs in multiple states, the certification ID number the EMS agency would typically use is based on the EMS agency's state license specific to each EMS professional. If the incident needs to be reported to each state, then the EMS Agency Number for each state should be submitted as well as the certification ID numbers for each EMS professional on the unit.

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
503	A crew member must be entered for the procedure	10	State	Error

eProcedures.10 - Role/Type of Person Performing the Procedure

Definition	
The type (level) of EMS or Healthcare Professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.	

Location in Runform			
Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
Law Enforcement Responder	it9905.139	Patient/Lay Person	R
First Responder	9905015	LEO Responder	R
2009 Emergency Medical Responder (EMR)	9905003	First Responder	R
2009 Emergency Medical Technician (EMT)	9905005	EMR	R
EMT-Intermediate	9905011	EMT	R
2009 Advanced Emergency Medical Technician (AEMT)	9905001	AEMT	R
EMT-Paramedic	9905013	EMT-P	R
2009 Paramedic	9905007	Paramedic	R
Other Non-Healthcare Professional	9905021	Other Non-Healthcare Professional	R
Student	9905029	BLS Student	R
AEMT Student	it9905.141	AEMT Student	R
Paramedic Student	it9905.132	Paramedic Student	R
Physician	9905025	Physician	R
Registered Nurse	9905041	RN	R
Nurse Practitioner	9905035	ARNP	R
Physician Assistant	9905037	PA	R
Respiratory Therapist	9905027	Respiratory Therapist	R
Other Healthcare Professional	9905019	Other Healthcare Professional	R

Comments

Added to document the type of healthcare professional administering the medication. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival. State may maintain an enumerated list but must collapse to the National Standard.

The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
504	Role/Type of person performing procedure must be entered	10	National	Error

eProcedures.11 – Procedure Authorization

Definition

The type of treatment authorization obtained

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
On-Line (Remote Verbal Order)	9918001	Online (Remote Verbal Order)	R
Protocol (Standing Order)	9918005	Protocol (Standing Order)	R
On-Scene (EMS MD Present)	9918003	On-Scene (EMS MD Present)	R
Written Orders (Patient Specific)	9918007	Written Orders (Patient Specific)	R

Comments

eProcedures.12 - Procedure Authorizing Physician

Definition

The name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order) in eProcedures.11

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Comments

eProcedures.13 – Vascular Access Location

Definition
The location of the vascular access site attempt on the patient, if applicable.

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Hand-Left	3913021	Hand-Left	R
Hand-Right	3913023	Hand-Right	R
Forearm-Left	3913017	Forearm-Left	R
Forearm-Right	3913019	Forearm-Right	R
Antecubital-Left	3913001	Antecubital-Left	R
Antecubital-Right	3913003	Antecubital-Right	R
Upper Arm-Left	3913071	Upper Arm-Left	R
Upper Arm-Right	3913073	Upper Arm-Right	R
Scalp	3913059	Scalp	R
Foot-Left	3913015	Foot-Left	R
Foot-Right	3913013	Foot-Right	R
Lower Extremity-Left	3913051	Lower Extremity-Left	R
Lower Extremity-Right	3913053	Lower Extremity-Right	R
External Jugular-Left	3913005	External Jugular-Left	R
External Jugular-Right	3913007	External Jugular-Right	R
IO-Humeral-Left	3913037	IO-Humeral-Left	R
IO-Humeral-Right	3913039	IO-Humeral-Right	R
IO-Tibia-Left Proximal	3913047	IO-Tibia-Left Proximal	R
IO-Tibia-Right Proximal	3913049	IO-Tibia-Right Proximal	R
IO-Tibia-Left Distal	3913041	IO-Tibia-Left Distal	R
IO-Tibia-Right Distal	3913045	IO-Tibia-Right Distal	R

IO-Sternum	3913043	IO-Sternum	R
Other Central (PICC, Portacath, etc.)	3913057	Other Central (PICC, Portacath, etc.)	R
Other Peripheral	3913055	Other Peripheral	R

Comments

This is now associated with the Date/Time of the procedure and therefore changed to single choice. This allows the location to be documented with each procedure and attempt. If the vascular access has been established prior to EMS, this should be documented as such.

itProcedures.005 – Procedure Comments

Definition

Procedure Comments

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	500

Comments

itProcedures.063 – Laryngoscope Blade

Definition
Testing the definitions section

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Video Laryngoscope	itProcedures.063.124	Video Laryngoscope	QR
MacIntosh #4	itProcedures.063.103	MacIntosh #4	QR
MacIntosh #3	itProcedures.063.102	MacIntosh #3	QR
MacIntosh #2	itProcedures.063.101	MacIntosh #2	QR
MacIntosh #1	itProcedures.063.100	MacIntosh #1	QR
Miller #4	itProcedures.063.108	Miller #4	QR
Miller #3	itProcedures.063.107	Miller #3	QR
Miller #2	itProcedures.063.106	Miller #2	QR
Miller #1	itProcedures.063.105	Miller #1	QR
Miller #0	itProcedures.063.104	Miller #0	QR
Not Used	itProcedures.063.123	Not Used	QR
Other	itProcedures.063.122	Other	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
975	Type of laryngoscope blade should be entered with each intubation attempt.	5	State	Warning

itProcedures.072 – Indications for Invasive Airway

Definition

Indications for Invasive Airway

Location in Runform

Section	Drop Off Form	Panel	Procedures
Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Adequate Airway Reflexes/Effort, Potential for Compromise	itProcedures.072.100	Adequate Airway Reflexes/Effort, Potential for Compromise	QR
Airway Reflex Compromised	itProcedures.072.101	Airway Reflex Compromised	QR
Apnea or Agonal Respirations	itProcedures.072.102	Apnea or Agonal Respirations	QR
Ventilatory Effort Compromised	itProcedures.072.106	Ventilatory Effort Compromised	QR
Illness Involving Airway	itProcedures.072.103	Illness Involving Airway	QR
Injury Involving Airway	itProcedures.072.104	Injury Involving Airway	QR
Other	itProcedures.072.105	Other	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
781	Indications for advanced airway is required when an advanced airway is placed or attempted.	10	State	Warning
1013	Indications for advanced airway is required when an advanced airway is placed or attempted.	10	State	Warning

itProcedures.074 - Airway Device Placement Confirmed Method

Definition

Airway Device Placement Confirmed Method

Location in Runform

Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Visualization of Vocal Cords	itProcedures.074.108	Visualization of Vocal Cords	QR
Condensation in Tube	itProcedures.074.103	Condensation in Tube	QR
Auscultation	itProcedures.074.100	Auscultation	QR
Chest Rise	itProcedures.074.110	Chest Rise	QR
Digital (Numeric) ETCO2	itProcedures.074.104	Digital (Numeric) ETCO2	QR
Waveform ETCO2	itProcedures.074.109	Waveform ETCO2	QR
Colorimetric ETCO2	itProcedures.074.102	Colorimetric ETCO2	QR
Endotracheal Tube Whistle (BAAM, etc.)	itProcedures.074.106	Endotracheal Tube Whistle (BAAM, etc.)	QR
Bulb/Syringe Aspiration	itProcedures.074.101	Bulb/Syringe Aspiration	QR
Direct Re-Visualization of Tube in Place	itProcedures.074.105	Direct Re-Visualization of Tube in Place	QR
Other	itProcedures.074.107	Other	QR
Visualization of Vocal Cords	itProcedures.074.108	Visualization of Vocal Cords	QR
Condensation in Tube	itProcedures.074.103	Condensation in Tube	QR

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
783	Airway confirmations must be documented when an advanced airway is placed.	20	State	Warning

itProcedures.075 – Tube Depth

Definition
Tube Depth

Location in Runform

Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	number	minLength	0	maxLength	255

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
782	Tube depth should be entered when an endotracheal tube is successfully placed.	5	State	Warning

itProcedures.077 - Airway Complications Encountered

Definition
Airway Complications Encountered

Location in Runform

Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None	itProcedures.077.116	None	QR
Adverse Event from Facilitating Drugs	itProcedures.077.100	Adverse Event from Facilitating Drugs	QR
Bradycardia (<50)	itProcedures.077.101	Bradycardia (<50)	QR
Cardiac Arrest	itProcedures.077.102	Cardiac Arrest	QR
C-Collar in Place	itProcedures.077.115	C-Collar in Place	QR
Esophageal Intubation-Delayed Detection (After Tube Secured)	itProcedures.077.103	Esophageal Intubation-Delayed Detection (After Tube Secured)	QR
Esophageal Intubation-Detected in Emergency Department	itProcedures.077.104	Esophageal Intubation-Detected in Emergency Department	QR
Failed Intubation Effort	itProcedures.077.105	Failed Intubation Effort	QR
Hypertension	itProcedures.077.114	Hypertension	QR
Hypotension	itProcedures.077.112	Hypotension	QR
Injury or Trauma to Patient from Airway Management Effort	itProcedures.077.106	Injury or Trauma to Patient from Airway Management Effort	QR
Other	itProcedures.077.107	Other	QR
Oxygen Desaturation (<90%)	itProcedures.077.108	Oxygen Desaturation (<90%)	QR
Patient Vomiting/Aspiration	itProcedures.077.109	Patient Vomiting/Aspiration	QR
Tachycardia	itProcedures.077.113	Tachycardia	QR
Tube Dislodged During Transport/Patient Care	itProcedures.077.110	Tube Dislodged During Transport/Patient Care	QR
Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient	itProcedures.077.111	Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient	QR

Comments

itProcedures.078 - Suspected Reasons for Failed Airway Management

Definition
Suspected Reasons for Failed Airway Management

Location in Runform

Section	Vitals and Treatment	Panel	Procedures

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Single	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Difficult Patient Airway Anatomy	itProcedures.078.100	Difficult Patient Airway Anatomy	QR
ETI Attempted, but Arrived At Destination Facility Before Accomplished	itProcedures.078.101	ETI Attempted, but Arrived At Destination Facility Before Accomplished	QR
Facial or Oral Trauma	itProcedures.078.102	Facial or Oral Trauma	QR
Foreign Body Obstructing View	itProcedures.078.110	Foreign Body Obstructing View	QR
Inability to Expose Vocal Cords	itProcedures.078.103	Inability to Expose Vocal Cords	QR
Inadequate Patient Relaxation/Presence of Protective Airway Reflexes	itProcedures.078.104	Inadequate Patient Relaxation/Presence of Protective Airway Reflexes	QR
Jaw Clenched (Trismus)	itProcedures.078.105	Jaw Clenched (Trismus)	QR
Other	itProcedures.078.106	Other	QR
Poor Patient Access	itProcedures.078.107	Poor Patient Access	QR
Secretions/Blood/Vomit	itProcedures.078.108	Secretions/Blood/Vomit	QR
Unable to Position or Access Patient	itProcedures.078.109	Unable to Position or Access Patient	QR

Comments
Testing the definitions section

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
784	If airway procedure is unsuccessful reasons must be entered	10	State	Warning

eProtocols.01 – Protocols Used

Definition

The protocol used by EMS personnel to direct the clinical care of the patient

Location in Runform

Section	Vitals and Treatment	Panel	Protocols Used

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Airway	9914001	Airway	R
Airway-Failed	9914003	Airway-Failed	R
Airway-Obstruction/Foreign Body	9914005	Airway-Obstruction/Foreign Body	R
Airway-Rapid Sequence Induction (RSI-Paralytic)	9914007	Airway-Rapid Sequence Induction (RSI-Paralytic)	R
Airway-Sedation Assisted (Non-Paralytic)	9914009	Airway-Sedation Assisted (Non-Paralytic)	R
Cardiac Arrest-Asystole	9914011	Cardiac Arrest-Asystole	R
Cardiac Arrest-Hypothermia-Therapeutic	9914013	Cardiac Arrest-Hypothermia-Therapeutic	R
Cardiac Arrest-Pulseless Electrical Activity	9914015	Cardiac Arrest-Pulseless Electrical Activity	R
Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia	9914017	Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia	R
Cardiac Arrest-Post Resuscitation Care	9914019	Cardiac Arrest-Post Resuscitation Care	R
Environmental-Altitude Sickness	9914021	Environmental-Altitude Sickness	R
Environmental-Cold Exposure	9914023	Environmental-Cold Exposure	R
Environmental-Frostbite/Cold Injury	9914025	Environmental-Frostbite/Cold Injury	R
Environmental-Heat Exposure/Exhaustion	9914027	Environmental-Heat Exposure/Exhaustion	R
Environmental-Heat Stroke/Hyperthermia	9914029	Environmental-Heat Stroke/Hyperthermia	R
Environmental-Hypothermia	9914031	Environmental-Hypothermia	R
Exposure-Airway/Inhalation Irritants	9914033	Exposure-Airway/Inhalation Irritants	R
Exposure-Biological/Infectious	9914035	Exposure-Biological/Infectious	R
Exposure-Blistering Agents	9914037	Exposure-Blistering Agents	R
Exposure-Chemicals to Eye	9914041	Exposure-Chemicals to Eye	R
Exposure-Cyanide	9914043	Exposure-Cyanide	R
Exposure-Explosive/ Blast Injury	9914045	Exposure-Explosive/ Blast Injury	R

Exposure-Nerve Agents	9914047	Exposure-Nerve Agents	R
Exposure-Radiologic Agents	9914049	Exposure-Radiologic Agents	R
General-Back Pain	9914051	General-Back Pain	R
General-Behavioral/Patient Restraint	9914053	General-Behavioral/Patient Restraint	R
General-Cardiac Arrest	9914055	General-Cardiac Arrest	R
General-Dental Problems	9914057	General-Dental Problems	R
General-Epistaxis	9914059	General-Epistaxis	R
General-Fever	9914061	General-Fever	R
General-Individualized Patient Protocol	9914063	General-Individualized Patient Protocol	R
General-Indwelling Medical Devices/Equipment	9914065	General-Indwelling Medical Devices/Equipment	R
General-IV Access	9914067	General-IV Access	R
General-Medical Device Malfunction	9914069	General-Medical Device Malfunction	R
General-Pain Control	9914071	General-Pain Control	R
General-Spinal Immobilization/Clearance	9914073	General-Spinal Immobilization/Clearance	R
General-Universal Patient Care/ Initial Patient Contact	9914075	General-Universal Patient Care/ Initial Patient Contact	R
Injury-Amputation	9914077	Injury-Amputation	R
Injury-Bites and Envenomations-Land	9914079	Injury-Bites and Envenomations-Land	R
Injury-Bites and Envenomations-Marine	9914081	Injury-Bites and Envenomations-Marine	R
Injury-Bleeding/ Hemorrhage Control	9914083	Injury-Bleeding/ Hemorrhage Control	R
Injury-Burns-Thermal	9914085	Injury-Burns-Thermal	R
Injury-Cardiac Arrest	9914087	Injury-Cardiac Arrest	R
Injury-Crush Syndrome	9914089	Injury-Crush Syndrome	R
Injury-Diving Emergencies	9914091	Injury-Diving Emergencies	R
Injury-Drowning/Near Drowning	9914093	Injury-Drowning/Near Drowning	R
Injury-Electrical Injuries	9914095	Injury-Electrical Injuries	R
Injury-Extremity	9914097	Injury-Extremity	R
Injury-Eye	9914099	Injury-Eye	R
Injury-Head	9914101	Injury-Head	R
Injury-Impaled Object	9914103	Injury-Impaled Object	R
Injury-Multisystem	9914105	Injury-Multisystem	R
Injury-Spinal Cord	9914107	Injury-Spinal Cord	R
Medical-Abdominal Pain	9914109	Medical-Abdominal Pain	R
Medical-Allergic Reaction/Anaphylaxis	9914111	Medical-Allergic Reaction/Anaphylaxis	R
Medical-Altered Mental Status	9914113	Medical-Altered Mental Status	R
Medical-Bradycardia	9914115	Medical-Bradycardia	R
Medical-Cardiac Chest Pain	9914117	Medical-Cardiac Chest Pain	R
Medical-Diarrhea	9914119	Medical-Diarrhea	R
Medical-Hyperglycemia	9914121	Medical-Hyperglycemia	R
Medical-Hypertension	9914123	Medical-Hypertension	R
Medical-Hypoglycemia/Diabetic Emergency	9914125	Medical-Hypoglycemia/Diabetic Emergency	R
Medical-Hypotension/Shock (Non-Trauma)	9914127	Medical-Hypotension/Shock (Non-Trauma)	R
Medical-Influenza-Like Illness/ Upper Respiratory Infection	9914129	Medical-Influenza-Like Illness/ Upper Respiratory Infection	R
Medical-Nausea/Vomiting	9914131	Medical-Nausea/Vomiting	R
Medical-Newborn/ Neonatal Resuscitation	9914133	Medical-Newborn/ Neonatal Resuscitation	R
General-Overdose/Poisoning/Toxic Ingestion	9914135	General-Overdose/Poisoning/Toxic Ingestion	R
Medical-Pulmonary Edema/CHF	9914137	Medical-Pulmonary Edema/CHF	R
Medical-Respiratory Distress/Asthma/COPD/Reactive Airway	9914139	Medical-Respiratory Distress/Asthma/COPD/Reactive Airway	R
Medical-Seizure	9914141	Medical-Seizure	R
Medical-ST-Elevation Myocardial Infarction (STEMI)	9914143	Medical-ST-Elevation Myocardial Infarction (STEMI)	R
Medical-Stroke/TIA	9914145	Medical-Stroke/TIA	R
Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)	9914147	Medical-Supraventricular Tachycardia (Including Atrial Fibrillation)	R

Medical-Syncope	9914149	Medical-Syncope	R
Medical-Ventricular Tachycardia (With Pulse)	9914151	Medical-Ventricular Tachycardia (With Pulse)	R
Not Done	9914153	Not Done	R
OB/GYN-Childbirth/Labor/Delivery	9914155	OB/GYN-Childbirth/Labor/Delivery	R
OB/GYN-Eclampsia	9914157	OB/GYN-Eclampsia	R
OB/GYN-Gynecologic Emergencies	9914159	OB/GYN-Gynecologic Emergencies	R
OB/GYN-Pregnancy Related Emergencies	9914161	OB/GYN-Pregnancy Related Emergencies	R
OB/GYN-Post-partum Hemorrhage	9914163	OB/GYN-Post-partum Hemorrhage	R
Other	9914165	Other	R
Exposure-Carbon Monoxide	9914167	Exposure-Carbon Monoxide	R
Cardiac Arrest-Do Not Resuscitate	9914169	Cardiac Arrest-Do Not Resuscitate	R
Cardiac Arrest-Special Resuscitation Orders	9914171	Cardiac Arrest-Special Resuscitation Orders	R
Exposure-Smoke Inhalation	9914173	Exposure-Smoke Inhalation	R
General-Community Paramedicine / Mobile Integrated Healthcare	9914175	General-Community Paramedicine / Mobile Integrated Healthcare	R
General-Exception Protocol	9914177	General-Exception Protocol	R
General-Extended Care Guidelines	9914179	General-Extended Care Guidelines	R
General-Interfacility Transfers	9914181	General-Interfacility Transfers	R
General-Law Enforcement - Blood for Legal Purposes	9914183	General-Law Enforcement - Blood for Legal Purposes	R
General-Law Enforcement - Assist with Law Enforcement Activity	9914185	General-Law Enforcement - Assist with Law Enforcement Activity	R
General-Neglect or Abuse Suspected	9914187	General-Neglect or Abuse Suspected	R
General-Refusal of Care	9914189	General-Refusal of Care	R
Injury-Mass/Multiple Casualties	9914191	Injury-Mass/Multiple Casualties	R
Injury-Thoracic	9914193	Injury-Thoracic	R
Medical-Adrenal Insufficiency	9914195	Medical-Adrenal Insufficiency	R
Medical-Apparent Life Threatening Event (ALTE)	9914197	Medical-Apparent Life Threatening Event (ALTE)	R
Medical-Tachycardia	9914199	Medical-Tachycardia	R
Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts	9914201	Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts	R
Injury-Conducted Electrical Weapon (e.g., Taser)	9914203	Injury-Conducted Electrical Weapon (e.g., Taser)	R
Injury-Facial Trauma	9914205	Injury-Facial Trauma	R
Injury-General Trauma Management	9914207	Injury-General Trauma Management	R
Injury-Lightning/Lightning Strike	9914209	Injury-Lightning/Lightning Strike	R
Injury-SCUBA Injury/Accidents	9914211	Injury-SCUBA Injury/Accidents	R
Injury-Topical Chemical Burn	9914213	Injury-Topical Chemical Burn	R
Medical-Beta Blocker Poisoning/Overdose	9914215	Medical-Beta Blocker Poisoning/Overdose	R
Medical-Calcium Channel Blocker Poisoning/Overdose	9914217	Medical-Calcium Channel Blocker Poisoning/Overdose	R
Medical-Opioid Poisoning/Overdose	9914219	Medical-Opioid Poisoning/Overdose	R
Medical-Respiratory Distress-Bronchiolitis	9914221	Medical-Respiratory Distress-Bronchiolitis	R
Medical-Respiratory Distress-Croup	9914223	Medical-Respiratory Distress-Croup	R
Medical-Stimulant Poisoning/Overdose	9914225	Medical-Stimulant Poisoning/Overdose	R
Air Medical Transport	it9914.102	Air Medical Transport	R
Baby Safe Haven	it9914.142	Baby Safe Haven	R
Bariatric Triage, Care, and Transport	it9914.107	Bariatric Triage, Care, and Transport	R
Brief resolved unexplained event (BRUE)	it9914.187	Brief resolved unexplained event (BRUE)	R
Capnography	it9914.153	Capnography	R
Communications	it9914.144	Communications	R
Communications Failure	it9914.120	Communications Failure	R
Consent for Treatment of a Minor	it9914.145	Consent for Treatment of a Minor	R
Continuous Positive Airway Pressure (CPAP)	it9914.131	Continuous Positive Airway Pressure (CPAP)	R
Cricothyrotomy - Percutaneous	it9914.138	Cricothyrotomy - Percutaneous	R
Gum Elastic Bougie/Flexguide	it9914.132	Endotracheal Tube Introducer	R

Gastric tube insertion	it9914.206	Treatment - Gastric tube insertion	R
Hazardous Material Exposure	it9914.106	Exposure-Hazardous Material Exposure	R
Intraosseous Access	it9914.152	Intraosseous Access	R
Left Ventricular Assist Device (LVAD)	it9914.113	Left Ventricular Assist Device (LVAD)	R
Musculoskeletal Injuries	it9914.155	Musculoskeletal Injuries	R
Nasotracheal Intubation	it9914.136	Nasotracheal Intubation	R
Newborn Care	it9914.114	Newborn Care	R
On-Scene Medical Personnel	it9914.109	General-Non EMS Medical Personnel On-Scene	R
Orotracheal Intubation	it9914.137	Orotracheal Intubation	R
General-Management of Patient in Police Custody	it9914.119	Patient in Police Custody	R
Pediatric Transport	it9914.148	Pediatric Transport	R
Pediatric Transportation	it9914.121	Pediatric Transportation	R
Response to Domestic Violence	it9914.128	Response to Domestic Violence	R
General-Behavioral/Combative Patient	it9914.108	Restraints	R
Septic Shock	it9914.115	Medical-Septic Shock or Spesis	R
Shock – Traumatic	it9914.111	Injury-Hypovolemic Shock (Traumatic Shock)	R
Suction (Advanced)	it9914.139	Suctioning of Inserted Airway	R
Supraglotic - i-gel	it9914.133	i-gel	R
Supraglotic - King-LT	it9914.134	King-LT	R
Supraglotic - Laryngeal Mask Airway (LMA)	it9914.135	Laryngeal Mask Airway (LMA)	R
Tourniquet	it9914.154	Tourniquet	R
Tracheostomy Care	it9914.140	Tracheostomy Care	R
Tranexamic Acid (TXA)	it9914.230	Tranexamic Acid (TXA)	R

Comments

Protocols are grouped into Airway, Environmental, Exposure, General, Injury, Medical, and OB/GYN.

There is a new data element EProtocols.02 to indicate whether the protocol is Adult, Pediatric, or General (both).

State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes. The protocol code list should be derived from dConfiguration.05 and/or dConfiguration.10

eProtocols.02 – Protocol Age Category

Definition
The age group the protocol is written to address

Location in Runform

Section	Vitals and Treatment	Panel	Protocols Used

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single - Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Adult Only	3602001	Adult Only	R
General	3602003	General	R
Pediatric Only	3602005	Pediatric Only	R

Comments

eRecord.01 - Patient Care Report Number

Definition
The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time.

Location in Runform			
Section	Dispatch Info	Panel	Incident Numbers

State Requirements			
NH State Usage	Mandatory	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	string	minLength	3	maxLength	50

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
76	Patient Care Report Number is a mandatory field.	25	National	Error

eResponse.01 – EMS Agency Number

Definition

The state-assigned provider number of the responding agency

Location in Runform

Section	N/A	Panel	N/A

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	None	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	15

Comments

Auto – filled on the backend. This is not included in the Run Form.

eResponse.02 – EMS Agency Name

Definition

EMS Agency Name

Location in Runform

Section	N/A	Panel	N/A

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	None	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	2	maxLength	100

Code List

Displayed Label	Code	Description (Data Base Name)	Req
AMHERST FIRE RESCUE	0002	AMHERST FIRE RESCUE	R
ANTRIM AMBULANCE	0004	ANTRIM AMBULANCE	R
BARRINGTON FIRE & RESCUE EMS DIVISION	0005	BARRINGTON FIRE & RESCUE EMS DIVISION	R
BARTLETT-JACKSON EMERGENCY SERVICES	0006	BARTLETT-JACKSON EMERGENCY SERVICES	R
BEDFORD FIRE DEPARTMENT	0007	BEDFORD FIRE DEPARTMENT	R
BELMONT FIRE DEPARTMENT	0008	BELMONT FIRE DEPARTMENT	R
BERLIN EMS	0009	BERLIN EMS	R
BETHLEHEM FIRE DEPARTMENT	0010	BETHLEHEM FIRE DEPARTMENT	R
BOW FIRE DEPARTMENT	0011	BOW FIRE DEPARTMENT	R
BRADFORD RESCUE SQUAD	0012	BRADFORD RESCUE SQUAD	R
BRENTWOOD FIRE DEPARTMENT	0013	BRENTWOOD FIRE DEPARTMENT	R
BRISTOL FIRE DEPARTMENT	0014	BRISTOL FIRE DEPARTMENT	R
BROOKLINE AMBULANCE SERVICE	0015	BROOKLINE AMBULANCE SERVICE	R

CANAAN F.A.S.T	0016	CANAAN F.A.S.T	R
TWIN MOUNTAIN AMBULANCE	0017	TWIN MOUNTAIN AMBULANCE	R
CHARLESTOWN AMBULANCE SERVICE	0020	CHARLESTOWN AMBULANCE SERVICE	R
GOLDEN CROSS AMBULANCE INC.	0021	GOLDEN CROSS AMBULANCE INC.	R
CITY OF CONCORD	0024	CITY OF CONCORD	R
TOWN OF DERRY	0029	TOWN OF DERRY	R
CITY OF DOVER FIRE & RESCUE	0030	CITY OF DOVER FIRE & RESCUE	R
MCGREGOR MEMORIAL AMBULANCE INC	0031	MCGREGOR MEMORIAL AMBULANCE INC	R
EFFINGHAM FIRE DEPARTMENT RESCUE	0032	EFFINGHAM FIRE DEPARTMENT RESCUE	R
ENFIELD FAST INC	0033	ENFIELD FAST INC	R
EPPING FIRE DEPARTMENT	0034	EPPING FIRE DEPARTMENT	R
EXETER FIRE DEPARTMENT	0035	EXETER FIRE DEPARTMENT	R
CITY OF FRANKLIN NH FIRE DEPARTMENT	0038	CITY OF FRANKLIN NH FIRE DEPARTMENT	R
GILFORD FIRE- RESCUE	0040	GILFORD FIRE- RESCUE	R
GOFFSTOWN FIRE DEPARTMENT	0041	GOFFSTOWN FIRE DEPARTMENT	R
GORHAM FIRE/EMS	0042	GORHAM FIRE/EMS	R
GRAFTON VOLUNTEER AMBULANCE SERVICE	0043	GRAFTON VOLUNTEER AMBULANCE SERVICE	R
GREENLAND VOLUNTEER FIRE DEPARTMENT	0044	GREENLAND VOLUNTEER FIRE DEPARTMENT	R
THE SOUHEGAN VALLEY AMBULANCE SERVICE, INC	0045	THE SOUHEGAN VALLEY AMBULANCE SERVICE, INC	R
GROVETON AMBULANCE	0046	GROVETON AMBULANCE	R
TOWN OF HAMPTON FIRE/ RESCUE	0047	TOWN OF HAMPTON FIRE/ RESCUE	R
HAMPSTEAD FIRE AND RESCUE	0048	HAMPSTEAD FIRE AND RESCUE	R
HANOVER FIRE DEPARTMENT AMBULANCE SERVICE	0049	HANOVER FIRE DEPARTMENT AMBULANCE SERVICE	R
HENNIKER RESCUE SQUAD	0050	HENNIKER RESCUE SQUAD	R
HILLSBORO FIRE AND RESCUE	0051	HILLSBORO FIRE AND RESCUE	R
HOLLIS FIRE DEPARTMENT	0052	HOLLIS FIRE DEPARTMENT	R
HOPKINTON FIRE DEPARTMENT	0053	HOPKINTON FIRE DEPARTMENT	R
HUDSON FIRE DEPARTMENT	0054	HUDSON FIRE DEPARTMENT	R
JAFFREY-RINDGE MEMORIAL AMBULANCE, INC	0056	JAFFREY-RINDGE MEMORIAL AMBULANCE, INC	R
CITY OF KEENE FIRE DEPARTMENT	0057	CITY OF KEENE FIRE DEPARTMENT	R
R J DILUZIO AMBULANCE SERVICE, LLC	0058	R J DILUZIO AMBULANCE SERVICE, LLC	R
KENSINGTON FIRE & RESCUE	0059	KENSINGTON FIRE & RESCUE	R
KINGSTON FIRE DEPARTMENT	0060	KINGSTON FIRE DEPARTMENT	R
CITY OF LACONIA FIRE DEPARTMENT	0061	CITY OF LACONIA FIRE DEPARTMENT	R
LANCASTER FIRE DEPARTMENT	0062	LANCASTER FIRE DEPARTMENT	R
BARNSTEAD FIRE RESCUE	0063	BARNSTEAD FIRE RESCUE	R
LINWOOD AMBULANCE SERVICE	0064	LINWOOD AMBULANCE SERVICE	R
MADISON FIRE RESCUE	0067	MADISON FIRE RESCUE	R

MANCHESTER FIRE DEPARTMENT	0069	MANCHESTER FIRE DEPARTMENT	R
PEASE FIRE & EMERGENCY SERVICES	0070	PEASE FIRE & EMERGENCY SERVICES	R
MARLOW FIRE & AMBULANCE	0072	MARLOW FIRE & AMBULANCE	R
MERRIMACK FIRE RESCUE	0073	MERRIMACK FIRE RESCUE	R
MILFORD AMBULANCE SERVICE	0075	MILFORD AMBULANCE SERVICE	R
MILAN & DUMMER AMBULANCE SERVICE	0076	MILAN & DUMMER AMBULANCE SERVICE	R
MILTON FIRE - RESCUE	0077	MILTON FIRE - RESCUE	R
NEW IPSWICH FIRE DEPARTMENT	0078	NEW IPSWICH FIRE DEPARTMENT	R
LYME FAST SQUAD	0079	LYME FAST SQUAD	R
NEW BOSTON FIRE & RESCUE DEPARTMENT	0080	NEW BOSTON FIRE & RESCUE DEPARTMENT	R
NEWINGTON FIRE DEPARTMENT	0081	NEWINGTON FIRE DEPARTMENT	R
NEW LONDON HOSPITAL EMS	0082	NEW LONDON HOSPITAL EMS	R
NEWPORT FIRE-EMS	0084	NEWPORT FIRE-EMS	R
NORTH CONWAY FIRE/RESCUE DEPARTMENT	0086	NORTH CONWAY FIRE/RESCUE DEPARTMENT	R
NORTH HAMPTON FIRE RESCUE	0087	NORTH HAMPTON FIRE RESCUE	R
TOWN OF NORTHWOOD FIRE-RESCUE	0089	TOWN OF NORTHWOOD FIRE-RESCUE	R
TOWN OF PELHAM FIRE DEPARTMENT	0091	TOWN OF PELHAM FIRE DEPARTMENT	R
PENACOOK CIVIL DEFENSE RESCUE SQUAD	0092	PENACOOK CIVIL DEFENSE RESCUE SQUAD	R
PETERBOROUGH FIRE AND RESCUE	0093	PETERBOROUGH FIRE AND RESCUE	R
PLYMOUTH FIRE - RESCUE	0094	PLYMOUTH FIRE - RESCUE	R
CITY OF PORTSMOUTH	0095	CITY OF PORTSMOUTH	R
RAYMOND AMBULANCE, INC	0097	RAYMOND AMBULANCE, INC	R
FRISBIE MEMORIAL HOSPITAL EMS	0098	FRISBIE MEMORIAL HOSPITAL EMS	R
SALEM FIRE DEPARTMENT	0100	SALEM FIRE DEPARTMENT	R
SALISBURY VOLUNTEER FIRE & RESCUE DEPARTMENT	0101	SALISBURY VOLUNTEER FIRE & RESCUE DEPARTMENT	R
SEABROOK FIRE DEPARTMENT	0102	SEABROOK FIRE DEPARTMENT	R
NEXTERA ENERGY SEABROOK STATION	0103	NEXTERA ENERGY SEABROOK STATION	R
STRAFFORD FIRE & RESCUE	0105	STRAFFORD FIRE & RESCUE	R
TOWN OF PEMBROKE DBA TRI-TOWN EMERGENCY MEDICAL SERVICES	0106	TOWN OF PEMBROKE DBA TRI-TOWN EMERGENCY MEDICAL SERVICES	R
SWANZEY FIRE DEPARTMENT	0107	SWANZEY FIRE DEPARTMENT	R
TILTON-NORTHFIELD FIRE & EMS	0108	TILTON-NORTHFIELD FIRE & EMS	R
WALPOLE FIRE- EMS	0113	WALPOLE FIRE- EMS	R
WARREN-WENTWORTH AMBULANCE SERVICE	0114	WARREN-WENTWORTH AMBULANCE SERVICE	R
WATERVILLE VALLEY DEPARTMENT OF PUBLIC SAFETY	0115	WATERVILLE VALLEY DEPARTMENT OF PUBLIC SAFETY	R
WEARE FIRE RESCUE	0116	WEARE FIRE RESCUE	R
WEBSTER FIRE DEPARTMENT	0117	WEBSTER FIRE DEPARTMENT	R
WHITEFIELD FIRE RESCUE DEPARTMENT	0120	WHITEFIELD FIRE RESCUE DEPARTMENT	R
TOWN OF WILTON AMBULANCE	0121	TOWN OF WILTON AMBULANCE	R

WINCHESTER FIRE DEPARTMENT AMBULANCE	0122	WINCHESTER FIRE DEPARTMENT AMBULANCE	R
WINDHAM FIRE DEPARTMENT	0123	WINDHAM FIRE DEPARTMENT	R
WOODSVILLE RESCUE AMBULANCE	0126	WOODSVILLE RESCUE AMBULANCE	R
TOWN OF SANBORNTON FIRE DEPARTMENT	0132	TOWN OF SANBORNTON FIRE DEPARTMENT	R
RESCUE INC	0136	RESCUE INC	R
WINDSOR FIRE DEPARTMENT	0137	WINDSOR FIRE DEPARTMENT	R
LITCHFIELD FIRE AND RESCUE	0138	LITCHFIELD FIRE AND RESCUE	R
PITTSFIELD FIRE DEPARTMENT	0139	PITTSFIELD FIRE DEPARTMENT	R
ALSTEAD AMBULANCE	0140	ALSTEAD AMBULANCE	R
CORNISH RESCUE SQUAD	0142	CORNISH RESCUE SQUAD	R
DUNBARTON FIRE DEPARTMENT	0146	DUNBARTON FIRE DEPARTMENT	R
LONDONDERRY FIRE DEPARTMENT	0148	LONDONDERRY FIRE DEPARTMENT	R
DURHAM FIRE DEPARTMENT	0149	DURHAM FIRE DEPARTMENT	R
CHICHESTER FIRE-RESCUE DEPARTMENT	0150	CHICHESTER FIRE-RESCUE DEPARTMENT	R
ACWORTH VOLUNTEER FIRE - RESCUE COMPANY, INC.	0151	ACWORTH VOLUNTEER FIRE - RESCUE COMPANY, INC.	R
EPSOM FIRE & RESCUE	0152	EPSOM FIRE & RESCUE	R
FRANCESTOWN VOLUNTEER FIRE DEPARTMENT	0154	FRANCESTOWN VOLUNTEER FIRE DEPARTMENT	R
FRANCONIA AMBULANCE	0155	FRANCONIA AMBULANCE	R
GILMANTON FIRE RESCUE	0156	GILMANTON FIRE RESCUE	R
GREENFIELD FIRE AND RESCUE	0157	GREENFIELD FIRE AND RESCUE	R
ASHLAND FIRE DEPARTMENT	0158	ASHLAND FIRE DEPARTMENT	R
CANTERBURY FIRE & RESCUE	0159	CANTERBURY FIRE & RESCUE	R
HANCOCK FIRE DEPARTMENT	0160	HANCOCK FIRE DEPARTMENT	R
HILL FIRE DEPARTMENT	0161	HILL FIRE DEPARTMENT	R
GRANTHAM FIRE-EMS	0162	GRANTHAM FIRE-EMS	R
HOLDERNESS FIRE DEPARTMENT	0163	HOLDERNESS FIRE DEPARTMENT	R
SURRY VOLUNTEER FIRE DEPARTMENT	0165	SURRY VOLUNTEER FIRE DEPARTMENT	R
ATKINSON FIRE DEPARTMENT	0166	ATKINSON FIRE DEPARTMENT	R
CANDIA VOLUNTEER FIRE DEPARTMENT	0167	CANDIA VOLUNTEER FIRE DEPARTMENT	R
HOOKSETT FIRE-RESCUE DEPARTMENT	0168	HOOKSETT FIRE-RESCUE DEPARTMENT	R
BESTCARE AMBULANCE SERVICES INC	0169	BESTCARE AMBULANCE SERVICES INC	R
SANDOWN FIRE RESCUE	0170	SANDOWN FIRE RESCUE	R
TAMWORTH RESCUE SQUAD	0171	TAMWORTH RESCUE SQUAD	R
LISBON LIFE SQUAD	0172	LISBON LIFE SQUAD	R
LEMPSTER RESCUE	0173	LEMPSTER RESCUE	R
NEWBURY FIRE DEPARTMENT	0174	NEWBURY FIRE DEPARTMENT	R
EAST KINGSTON FIRE DEPARTMENT	0177	EAST KINGSTON FIRE DEPARTMENT	R
SULLIVAN FIRE & RESCUE	0178	SULLIVAN FIRE & RESCUE	R

LOUDON FIRE DEPARTMENT	0179	LOUDON FIRE DEPARTMENT	R
CHESTER FIRE DEPARTMENT	0180	CHESTER FIRE DEPARTMENT	R
DANBURY VOLUNTEER FIRE DEPARTMENT	0181	DANBURY VOLUNTEER FIRE DEPARTMENT	R
NEW DURHAM FIRE DEPARTMENT	0183	NEW DURHAM FIRE DEPARTMENT	R
NEWTON FIRE DEPARTMENT	0184	NEWTON FIRE DEPARTMENT	R
NOTTINGHAM FIRE-RESCUE	0185	NOTTINGHAM FIRE-RESCUE	R
EXETER HOSPITAL PARAMEDIC INTERCEPT SERVICE	0187	EXETER HOSPITAL PARAMEDIC INTERCEPT SERVICE	R
PEMBROKE FIRE DEPARTMENT	0188	PEMBROKE FIRE DEPARTMENT	R
RICHMOND VOL FIRE DEPT RESCUE SQUAD	0190	RICHMOND VOL FIRE DEPT RESCUE SQUAD	R
RINDGE FIRE DEPARTMENT	0191	RINDGE FIRE DEPARTMENT	R
STODDARD FIRE & RESCUE DEPARTMENT	0193	STODDARD FIRE & RESCUE DEPARTMENT	R
SUNAPEE FIRE/ EMS	0194	SUNAPEE FIRE/ EMS	R
RUMNEY EMERGENCY MEDICAL SERVICES	0195	RUMNEY EMERGENCY MEDICAL SERVICES	R
TUFTONBORO FIRE RESCUE DEPARTMENT	0196	TUFTONBORO FIRE RESCUE DEPARTMENT	R
WARNER FIRE & RESCUE	0197	WARNER FIRE & RESCUE	R
WASHINGTON RESCUE SQUAD	0198	WASHINGTON RESCUE SQUAD	R
WESTMORELAND FIRE/ RESCUE DEPARTMENT	0199	WESTMORELAND FIRE/ RESCUE DEPARTMENT	R
WOLFEBORO FIRE- RESCUE DEPARTMENT	0200	WOLFEBORO FIRE- RESCUE DEPARTMENT	R
MOULTONBOROUGH FIRE RESCUE	0201	MOULTONBOROUGH FIRE RESCUE	R
LEBANON FIRE DEPARTMENT	0203	LEBANON FIRE DEPARTMENT	R
FREMONT FIRE/RESCUE	0205	FREMONT FIRE/RESCUE	R
SANDWICH FIRE/RESCUE DEPARTMENT	0206	SANDWICH FIRE/RESCUE DEPARTMENT	R
ALLENSTOWN FIRE DEPARTMENT	0207	ALLENSTOWN FIRE DEPARTMENT	R
TOWN OF AUBURN FIRE DEPARTMENT	0208	TOWN OF AUBURN FIRE DEPARTMENT	R
CAMPTON-THORNTON FIRE RESCUE	0209	CAMPTON-THORNTON FIRE RESCUE	R
STRATHAM VOLUNTEER FIRE DEPARTMENT	0210	STRATHAM VOLUNTEER FIRE DEPARTMENT	R
ST. ANSELM COLLEGE EMERGENCY MEDICAL SERVICES	0211	ST. ANSELM COLLEGE EMERGENCY MEDICAL SERVICES	R
NEW LONDON FIRE DEPARTMENT	0212	NEW LONDON FIRE DEPARTMENT	R
WILMOT FAST SQUAD	0213	WILMOT FAST SQUAD	R
ALEXANDRIA VOLUNTEER FIRE-RESCUE	0214	ALEXANDRIA VOLUNTEER FIRE-RESCUE	R
HEBRON FIRE DEPARTMENT	0215	HEBRON FIRE DEPARTMENT	R
LANGDON FIRE & RESCUE	0217	LANGDON FIRE & RESCUE	R
PLAISTOW FIRE DEPARTMENT	0218	PLAISTOW FIRE DEPARTMENT	R
DEERFIELD RESCUE SQUAD	0220	DEERFIELD RESCUE SQUAD	R
DANVILLE FIRE DEPARTMENT	0223	DANVILLE FIRE DEPARTMENT	R
DEERING FIRE & RESCUE	0225	DEERING FIRE & RESCUE	R
ERROL RESCUE SQUAD, INC	0226	ERROL RESCUE SQUAD, INC	R

CENTER HARBOR FIRE RESCUE	0227	CENTER HARBOR FIRE RESCUE	R
NEW HAMPTON FIRE DEPARTMENT	0228	NEW HAMPTON FIRE DEPARTMENT	R
CONWAY FIRE DEPARTMENT	0229	CONWAY FIRE DEPARTMENT	R
RYE FIRE AND RESCUE	0233	RYE FIRE AND RESCUE	R
ROLLINSFORD FIRE DEPARTMENT	0234	ROLLINSFORD FIRE DEPARTMENT	R
NASHUA FIRE RESCUE	0235	NASHUA FIRE RESCUE	R
TEMPLE VOLUNTEER FIRE DEPARTMENT	0236	TEMPLE VOLUNTEER FIRE DEPARTMENT	R
ROCHESTER FIRE DEPARTMENT	0243	ROCHESTER FIRE DEPARTMENT	R
SPRINGFIELD FIRE-RESCUE DEPARTMENT	0244	SPRINGFIELD FIRE-RESCUE DEPARTMENT	R
DUBLIN FIRE DEPARTMENT	0245	DUBLIN FIRE DEPARTMENT	R
UPPER VALLEY AMBULANCE, INC	0248	UPPER VALLEY AMBULANCE, INC	R
CAREPLUS AMBULANCE SERVICE, INC	0251	CAREPLUS AMBULANCE SERVICE, INC	R
SPEEDWAY SAFETY SERVICE INC	0253	SPEEDWAY SAFETY SERVICE INC	R
ALTON FIRE/RESCUE DEPARTMENT	0256	ALTON FIRE/RESCUE DEPARTMENT	R
NEWFIELDS FIRE & RESCUE	0257	NEWFIELDS FIRE & RESCUE	R
FITZWILLIAM FIRE DEPARTMENT AMBULANCE	0259	FITZWILLIAM FIRE DEPARTMENT AMBULANCE	R
SUTTON RESCUE SQUAD	0263	SUTTON RESCUE SQUAD	R
FRANKLIN PIERCE UNIVERSITY EMT SQUAD	0268	FRANKLIN PIERCE UNIVERSITY EMT SQUAD	R
MONROE F.A.S.T. SQUAD	0269	MONROE F.A.S.T. SQUAD	R
NEW CASTLE FIRE DEPARTMENT	0274	NEW CASTLE FIRE DEPARTMENT	R
NEW ENGLAND DRAGWAY, INC	0275	NEW ENGLAND DRAGWAY, INC	R
HAMPTON FALLS FIRE DEPARTMENT	0278	HAMPTON FALLS FIRE DEPARTMENT	R
NEW HAMPSHIRE FISH AND GAME DEPARTMENT	0279	NEW HAMPSHIRE FISH AND GAME DEPARTMENT	R
NORTH WALPOLE FIRE & RESCUE	0281	NORTH WALPOLE FIRE & RESCUE	R
FREEDOM FIRE-RESCUE DEPARTMENT	0283	FREEDOM FIRE-RESCUE DEPARTMENT	R
BEECHER FALLS VOLUNTEER FIRE DEPARTMENT, INC	0284	BEECHER FALLS VOLUNTEER FIRE DEPARTMENT, INC	R
LITTLETON FIRE RESCUE	0285	LITTLETON FIRE RESCUE	R
CENTER CONWAY FAST SQUAD	0286	CENTER CONWAY FAST SQUAD	R
WEST OSSIPEE FIRE / RESCUE	0287	WEST OSSIPEE FIRE / RESCUE	R
TRINITY EMS	0288	TRINITY EMS	R
CFAES ROGERS RANGERS INC	0290	CFAES ROGERS RANGERS INC	R
FRYEBURG RESCUE	0291	FRYEBURG RESCUE	R
MASON FIRE - EMS	0292	MASON FIRE - EMS	R
UNITY VOLUNTEER FIRE DEPARTMENT	0293	UNITY VOLUNTEER FIRE DEPARTMENT	R
NELSON FIRE AND RESCUE	0294	NELSON FIRE AND RESCUE	R
DARTMOUTH-HITCHCOCK ADVANCED RESPONSE TEAM	0296	DARTMOUTH-HITCHCOCK ADVANCED RESPONSE TEAM	R
FARMINGTON FIRE & RESCUE	0298	FARMINGTON FIRE & RESCUE	R
RAYMOND FIRE DEPARTMENT	0300	RAYMOND FIRE DEPARTMENT	R
HARRISVILLE FIRE DEPARTMENT	0302	HARRISVILLE FIRE DEPARTMENT	R

CHESTERFIELD FIRE & RESCUE	0308	CHESTERFIELD FIRE & RESCUE	R
BENNINGTON FIRE - RESCUE	0310	BENNINGTON FIRE - RESCUE	R
GILSUM VOL FIRE DEPT & RESCUE SQUAD	0311	GILSUM VOL FIRE DEPT & RESCUE SQUAD	R
TOWN OF JEFFERSON DEPARTMENT OF EMERGENCY SERVICES	0313	TOWN OF JEFFERSON DEPARTMENT OF EMERGENCY SERVICES	R
SOMERSWORTH FIRE & RESCUE	0314	SOMERSWORTH FIRE & RESCUE	R
SOLO RESCUE	0315	SOLO RESCUE	R
GREENVILLE FIRE & RESCUE	0316	GREENVILLE FIRE & RESCUE	R
CLAREMONT FIRE DEPARTMENT	0318	CLAREMONT FIRE DEPARTMENT	R
SPOFFORD FIRE & RESCUE	0319	SPOFFORD FIRE & RESCUE	R
MIDDLETON FIRE & RESCUE	0320	MIDDLETON FIRE & RESCUE	R
MANCHESTER-BOSTON REGIONAL AIRPORT FIRE DEPARTMENT	0322	MANCHESTER-BOSTON REGIONAL AIRPORT FIRE DEPARTMENT	R
PALACE ENTERTAINMENT DBA WATER COUNTRY	0324	PALACE ENTERTAINMENT DBA WATER COUNTRY	R
MONT VERNON FIRE DEPARTMENT	0325	MONT VERNON FIRE DEPARTMENT	R
WAKEFIELD FIRE DEPARTMENT AMBULANCE	0330	WAKEFIELD FIRE DEPARTMENT AMBULANCE	R
AMERICAN RED CROSS NH REGION	0334	AMERICAN RED CROSS NH REGION	R
SHELBURNE FAST SQUAD	0335	SHELBURNE FAST SQUAD	R
CROYDON FIRE & RESCUE	0342	CROYDON FIRE & RESCUE	R
SOUTH HAMPTON FIRE RESCUE	0345	SOUTH HAMPTON FIRE RESCUE	R
PIERMONT FAST SQUAD	0347	PIERMONT FAST SQUAD	R
WASHINGTON POLICE DEPARTMENT	0350	WASHINGTON POLICE DEPARTMENT	R
NEWMARKET FIRE AND RESCUE	0354	NEWMARKET FIRE AND RESCUE	R
TROY FIRE DEPARTMENT	0355	TROY FIRE DEPARTMENT	R
PORTSMOUTH NAVAL SHIPYARD FIRE DEPARTMENT	0357	PORTSMOUTH NAVAL SHIPYARD FIRE DEPARTMENT	R
LEMPSTER FIRE DEPARTMENT	0361	LEMPSTER FIRE DEPARTMENT	R
GOSHEN RESCUE	0362	GOSHEN RESCUE	R
YORK AMBULANCE ASSOCIATION	0368	YORK AMBULANCE ASSOCIATION	R
PEACEMAKER MEDICAL RESPONSE	0369	PEACEMAKER MEDICAL RESPONSE	R
OSSIPEE CORNER FIRE DEPARTMENT	0374	OSSIPEE CORNER FIRE DEPARTMENT	R
ORFORD FIRE DEPARTMENT	0375	ORFORD FIRE DEPARTMENT	R
HAVERHILL CORNER FIRE MEDICAL UNIT	0379	HAVERHILL CORNER FIRE MEDICAL UNIT	R
NH FIRE ACADEMY EMERGENCY RESPONSE TEAM	0382	NH FIRE ACADEMY EMERGENCY RESPONSE TEAM	R
PITTSBURG FIRE DEPARTMENT	0385	PITTSBURG FIRE DEPARTMENT	R
NASHUA POLICE DEPARTMENT TEMS UNIT	0390	NASHUA POLICE DEPARTMENT TEMS UNIT	R
DARTMOUTH EMS	0391	DARTMOUTH EMS	R
BRIDGEWATER FIRE RESCUE AND EMS	0392	BRIDGEWATER FIRE RESCUE AND EMS	R
CENTER OSSIPEE FIRE & RESCUE	0393	CENTER OSSIPEE FIRE & RESCUE	R
JAFFREY FIRE DEPARTMENT	0395	JAFFREY FIRE DEPARTMENT	R
LEE FIRE AND RESCUE	0396	LEE FIRE AND RESCUE	R

LYNDEBOROUGH FIRE/RESCUE	0397	LYNDEBOROUGH FIRE/RESCUE	R
BROOKLINE FIRE DEPARTMENT	0400	BROOKLINE FIRE DEPARTMENT	R
LRGHEALTHCARE EMERGENCY MEDICAL SERVICE	0402	LRGHEALTHCARE EMERGENCY MEDICAL SERVICE	R
CENTRAL NH SPECIAL OPERATIONS UNIT	0403	CENTRAL NH SPECIAL OPERATIONS UNIT	R
CHARLESTOWN FIRE DEPARTMENT	0404	CHARLESTOWN FIRE DEPARTMENT	R
NEW HAMPSHIRE CPR, LLC	0408	NEW HAMPSHIRE CPR, LLC	R
NEW HAMPSHIRE STATE POLICE OPERATIONS	0409	NEW HAMPSHIRE STATE POLICE OPERATIONS	R
HARTFORD FIRE DEPARTMENT	0416	HARTFORD FIRE DEPARTMENT	R
MANCHESTER POLICE DEPARTMENT SWAT	0417	MANCHESTER POLICE DEPARTMENT SWAT	R
HUGGINS EMS	0420	HUGGINS EMS	R
GUNSTOCK SAFETY SERVICE	0421	GUNSTOCK SAFETY SERVICE	R
THE NEW ENGLAND EMS INSTITUTE	0424	THE NEW ENGLAND EMS INSTITUTE	R
HIGHLAND MOUNTAIN BIKE PATROL	0427	HIGHLAND MOUNTAIN BIKE PATROL	R
CALEDONIA-ESSEX AREA AMBULANCE SERVICE, INC	0428	CALEDONIA-ESSEX AREA AMBULANCE SERVICE, INC	R
CANOBIE LAKE PARK EMS	0429	CANOBIE LAKE PARK EMS	R
45TH PARALLEL EMERGENCY MEDICAL SERVICES	0431	45TH PARALLEL EMERGENCY MEDICAL SERVICES	R
LYNDON RESCUE, INC	0435	LYNDON RESCUE, INC	R
SANTAS VILLAGE INC	0439	SANTAS VILLAGE INC	R
PRIDESTAR EMS	0440	PRIDESTAR EMS	R
MILFORD FIRE DEPARTMENT	0444	MILFORD FIRE DEPARTMENT	R
ANDOVER EMS	0445	ANDOVER EMS	R
LIFESTAR EMERGENCY MEDICAL SERVICES LLC	0446	LIFESTAR EMERGENCY MEDICAL SERVICES LLC	R
GREAT BROOK EMS LLC	0448	GREAT BROOK EMS LLC	R
DALTON FIRE RESCUE	0449	DALTON FIRE RESCUE	R
WENTWORTH DOUGLAS HOSPITAL	0456	WENTWORTH DOUGLAS HOSPITAL	R
AMERICAN MEDICAL RESPONSE OF MASSACHUSETTS, INC.	0457	AMERICAN MEDICAL RESPONSE OF MASSACHUSETTS, INC.	R
BELKNAP COUNTY SHERIFF REGIONAL SPECIAL OPERATIONS	0458	BELKNAP COUNTY SHERIFF REGIONAL SPECIAL OPERATIONS	R
MONADNOCK BIBLE CONFERENCE	0460	MONADNOCK BIBLE CONFERENCE	R
ACTION AMBULANCE SERVICE, INC.	0464	ACTION AMBULANCE SERVICE, INC.	R
NH MMRS -MEDICAL TASK FORCE 1	0467	NH MMRS -MEDICAL TASK FORCE 1	R
USBP SWANTON SECTOR EMRU	0472	USBP SWANTON SECTOR EMRU	R
CONCORD HOSPITAL EMS	0473	CONCORD HOSPITAL EMS	R
GLOBAL RESCUE, LLC	0474	GLOBAL RESCUE, LLC	R
ACTION AMBULANCE DERRY	0475	ACTION AMBULANCE DERRY	R
LAKES REGION EMS	0476	LAKES REGION EMS	R
MADBURY FIRE DEPARTMENT	0477	MADBURY FIRE DEPARTMENT	R
TOWN OF MARLBOROUGH FIRE DEPARTMENT	0478	TOWN OF MARLBOROUGH FIRE DEPARTMENT	R
WEST FAIRLEE FIRE DEPARTMENT	0485	WEST FAIRLEE FIRE DEPARTMENT	R

CHESHIRE COUNTY SHERIFF'S OFFICE	0486	CHESHIRE COUNTY SHERIFF'S OFFICE	R
KEENE POLICE TACTICAL TEAM	0487	KEENE POLICE TACTICAL TEAM	R
GRANITE GORGE SKI PATROL	0488	GRANITE GORGE SKI PATROL	R
MOUNT SUNAPEE SKI PATROL	0489	MOUNT SUNAPEE SKI PATROL	R
ROCKINGHAM COUNTY SHERIFF'S OFFICE	0490	ROCKINGHAM COUNTY SHERIFF'S OFFICE	R
CHESHIRE MEDICAL CENTER/DARTMOUTH HITCHCOCK EMS	0492	CHESHIRE MEDICAL CENTER/DARTMOUTH HITCHCOCK EMS	R
NH DRED - P & R- MONADNOCK STATE PARK	0493	NH DRED - P & R- MONADNOCK STATE PARK	R
MARY HITCHCOCK MEMORIAL HOSPITAL D/B/A DHMC EMS	0495	MARY HITCHCOCK MEMORIAL HOSPITAL D/B/A DHMC EMS	R
PARKLAND MEDICAL CENTER - EMS DEPARTMENT	0496	PARKLAND MEDICAL CENTER - EMS DEPARTMENT	R
CITY OF BERLIN FIRE DEPARTMENT	0497	CITY OF BERLIN FIRE DEPARTMENT	R
PRIDESTAR EMS- RAYMOND	0498	PRIDESTAR EMS- RAYMOND	R
UNITED AMBULANCE SERVICE	0499	UNITED AMBULANCE SERVICE	R
STORYLAND	0500	STORYLAND	R
HINSDALE FIRE DEPARTMENT	0502	HINSDALE FIRE DEPARTMENT	R
MILAN FIRE DEPARTMENT	0503	MILAN FIRE DEPARTMENT	R
STEWARTS AMBULANCE SERVICE	0504	STEWARTS AMBULANCE SERVICE	R
LIFELINE AMBULANCE SERVICE, LLC - CH (MAIN)	0505	LIFELINE AMBULANCE SERVICE, LLC - CH (MAIN)	R
TOWN OF CANAAN EMERGENCY MEDICAL SERVICE	0509	TOWN OF CANAAN EMERGENCY MEDICAL SERVICE	R
STEWARTS AMBULANCE SERVICE DBA AMERICAN AMBULANCE OF NEW ENGLAND	0510	STEWARTS AMBULANCE SERVICE DBA AMERICAN AMBULANCE OF NEW ENGLAND	R
NSP SYSTEM, INC, EASTERN DIVISION, PATS PEAK SKI PATROL	0511	NSP SYSTEM, INC, EASTERN DIVISION, PATS PEAK SKI PATROL	R

Comments

This is auto populated by the system based on the agency that created the incident report

eResponse.03 – Incident Number

Definition

The incident number assigned by the 911 Dispatch System

Location in Runform

Section	Dispatch Info	Panel	Incident Number

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	3	maxLength	50

Comments

This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
87	Incident Number is a required field.	25	National	Warning

eResponse.04 – EMS Response Number

Definition
The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.

Location in Runform			
Section	Dispatch Info	Panel	Incident Number

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints					
Data Type	string	**minLength**	3	**maxLength**	50

Comments

eResponse.05 - Type of Service Requested

Definition

The type of service or category of service requested of the EMS Agency responding for this specific EMS event

Location in Runform

Section	Dispatch Info	Panel	Dispatch Information

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
911 Response (Scene)	2205001	911 Response (Scene)	R
Intercept	2205003	Intercept	R
Interfacility Transport	2205005	Interfacility Transport	R
Medical Transport	2205007	Medical Transport	R
Mutual Aid	2205009	Mutual Aid	R
Public Assistance/Other Not Listed	2205011	Public Assistance/Other Not Listed	R
Standby	2205013	Standby	R
PIFT (Paramedic Interfacility Transfer)	it2205.104	PIFT (Paramedic Interfacility Transfer)	R
Critical Care Interfacility Transfer	it2205.116	Critical Care Interfacility Transfer	R
Bariatric Transport or Special Equipment Delivery	it2205.117	Bariatric Transport or Special Equipment Delivery	R
MIHC/Community Paramedicine	it2205.118	MIHC/Community Paramedicine	R
Transport to Doctor"s Appointment	it2205.112	Transport to Doctor"s Appointment	R

Comments

"Interfacility Transfer" has been changed to "Interfacility Transport. "Public Assistance/Other Not Listed" added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
77	Type of Service Requested is a mandatory field.	25	National	Error
768	Your type of service requested must be a transfer or an IFT option for this disposition.	15	State	Error

eResponse.06 – Standby Purpose

Definition
The main reason the EMS Unit is on Standby as the Primary Type of Service for the EMS event.

Location in Runform
Section	Dispatch Info	Panel	Dispatch Information

State Requirements
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-select			Is Nillable (Can be Blank)	No

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Disaster Event-Drill/Exercise	2206001	Disaster Event-Drill/Exercise	R
Disaster Event-Live Staging	2206003	Disaster Event-Live Staging	R
Education	2206005	Education	R
EMS Staging-Improve Coverage	2206007	EMS Staging-Improve Coverage	R
Fire Support-Rehab	2206009	Fire Support-Rehab	R
Fire Support-Standby	2206011	Fire Support-Standby	R
Mass Gathering-Concert/Entertainment Event	2206013	Mass Gathering-Concert/Entertainment Event	R
Mass Gathering-Fair/Community Event	2206015	Mass Gathering-Fair/Community Event	R
Mass Gathering-Sporting Event	2206017	Mass Gathering-Sporting Event	R
Other	2206019	Other	R
Public Safety Support	2206021	Public Safety Support	R

Comments
Added to document the reason for "Standby" when populated in eResponse.05 (Type of Service Requested). This information will assist in administrative analysis of EMS service delivery, special event coverage, etc.

eResponse.07 – Primary Role of the Unit

Definition

The primary role of the EMS Unit which responded to this specific EMS event

Location in Runform

Section	Response Resources	Panel	Responding Unit

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	Yes

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Ground Transport	2207003	Ground Transport	R
First Response (non-Transport)	2207009	Non-Transport Rescue	R
ALS Intercept (non-Transport)	2207007	Non-Transport Assistance	R
PIFT/Critical Care Ground Transport	it2207.003	Critical Care Ground Transport	QR
Air Transport-Helicopter	2207011	Air Transport	R

Comments

Supervisor clarified to Administrative Only. If the Supervisor is responding to assist, that would be considered Non-Transport. Transport separated into Air and Ground. In Version 2 there was no way to identify Air Transport.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
78	Primary Role of the Unit is a mandatory field.	25	National	Error

eResponse.08 – Type of Dispatch Delay

Definition

he dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.

Location in Runform

Section	Dispatch Info	Panel	Dispatch Information
Section	Scene/Situation	Panel	Delays During Call

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None/No Delay	2208013	None/No Delay	R
Caller (Uncooperative)	2208001	Caller (Uncooperative)	R
Diversion/Failure (of previous unit)	2208003	Diversion/Failure (of previous unit)	R
High Call Volume	2208005	High Call Volume	R
Language Barrier	2208007	Language Barrier	R
Location (Inability to Obtain)	2208009	Location (Inability to Obtain)	R
No EMS Vehicles (Units) Available	2208011	No EMS Vehicles (Units) Available	R
Technical Failure (Computer, Phone etc.)	2208017	Technical Failure (Computer, Phone etc.)	R
Other	2208015	Other	R

Comments

A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
587	Dispatch Delays cannot be "None" with other delays also entered.	10	National	Warning

eResponse.09 – Type of Response Delay

Definition

The response delays, if any, of the EMS unit associated with the EMS event.

Location in Runform

Section	Scene/Situation	Panel	Delays During Call

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None/No Delay	2209011	None/No Delay	R
Crowd	2209001	Crowd	R
Directions/Unable to Locate	2209003	Directions/Unable to Locate	R
Distance	2209005	Distance	R
Diversion (Different Incident)	2209007	Diversion (Different Incident)	R
Flight Planning	2209033	Flight Planning	R
HazMat	2209009	HazMat	R
Mechanical Issue-Unit, Equipment, etc.	2209031	Mechanical Issue-Unit, Equipment, etc.	R
Other	2209013	Other	R
Rendezvous Transport Unavailable	2209015	Rendezvous Transport Unavailable	R
Route Obstruction (e.g., Train)	2209017	Route Obstruction (e.g., Train)	R
Scene Safety (Not Secure for EMS)	2209019	Scene Safety (Not Secure for EMS)	R
Scheduled Call	it2209.112	Scheduled Call	R
Staff Delay	2209021	Staff Delay	R
Traffic	2209023	Traffic	R
Vehicle Crash Involving this Unit	2209025	Vehicle Crash Involving this Unit	R
Vehicle Failure of this Unit	2209027	Vehicle Failure of this Unit	R
Weather	2209029	Weather	R

Comments

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc. to return to service.

A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06).

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
584	Response Delays cannot be "None" with other delays also entered.	10	National	Warning

eResponse.10 – Type of Scene Delay

Definition
The scene delays, if any, of the EMS unit associated with the EMS event.

Location in Runform

Section	Scene/Situation	Panel	Delays During Call
Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None/No Delay	2210017	None/No Delay	R
Awaiting Air Unit	2210001	Awaiting Air Unit	R
Awaiting Ground Unit	2210003	Awaiting Ground Unit	R
Crowd	2210005	Crowd	R
Directions/Unable to Locate	2210007	Directions/Unable to Locate	R
Distance	2210009	Distance	R
Extrication	2210011	Extrication	R
HazMat	2210013	HazMat	R
Language Barrier	2210015	Language Barrier	R
Mechanical Issue-Unit, Equipment, etc.	2210039	Mechanical Issue-Unit, Equipment, etc.	R
Obesity	it2210.100	Obesity	R
On-Scene Treatment > 20 min	it2210.101	On-Scene Treatment > 20 min	R
Other	2210019	Other	R
Patient indecisiveness	it2210.109	Patient indecisiveness	R
Patient Access	2210021	Patient Access	R
Safety-Crew/Staging	2210023	Safety-Crew/Staging	R
Safety-Patient	2210025	Safety-Patient	R
Staff Delay	2210027	Staff Delay	R

Terrain	it2210.105	Terrain	R
Traffic	2210029	Traffic	R
Triage/Multiple Patients	2210031	Triage/Multiple Patients	R
Vehicle Crash Involving this Unit	2210033	Vehicle Crash Involving this Unit	R
Vehicle Failure of this Unit	2210035	Vehicle Failure of this Unit	R
Weather	2210037	Weather	R

Comments

A scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
582	Scene Delays cannot be "None" with other delays also entered.	10	National	Warning

eResponse.11 – Type of Transport Delay

Definition

The transport delays, if any, of the EMS unit associated with the EMS event.

Location in Runform

Section	Scene/Situation	Panel	Delays During Call
Section	Transport	Panel	Transport Status and Priority

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0		maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None/No Delay	2211011	None/No Delay	R
Crowd	2211001	Crowd	R
Directions/Unable to Locate	2211003	Directions/Unable to Locate	R
Distance	2211005	Distance	R
Diversion	2211007	Diversion	R
HazMat	2211009	HazMat	R
Other	2211013	Other	R
Patient Condition Change (e.g., Unit Stopped)	2211031	Patient Condition Change (e.g., Unit Stopped)	R
Rendezvous Transport Unavailable	2211015	Rendezvous Transport Unavailable	R
Route Obstruction (e.g., Train)	2211017	Route Obstruction (e.g., Train)	R
Safety	2211019	Safety	R
Staff Delay	2211021	Staff Delay	R
Traffic	2211023	Traffic	R
Vehicle Crash Involving this Unit	2211025	Vehicle Crash Involving this Unit	R
Vehicle Failure of this Unit	2211027	Vehicle Failure of this Unit	R
Weather	2211029	Weather	R

Comments

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.

A transport delay is any time delay that occurs from the time the unit left the scene (eTimes.09) to the time the patient arrived at the destination (eTimes.10).

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
585	Transport Delays cannot be "None" with other delays also entered.	10	National	Warning

eResponse.12 - Type of Turn-Around Delay

Definition
The turn-around delays, if any, of EMS unit associated with the EMS event.

Location in Runform

Section	Scene/Situation	Panel	Delays During Call
Section	Transport	Panel	Destination Information

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
None/No Delay	2212015	None/No Delay	R
Clean-up	2212001	Clean-up	R
Decontamination	2212003	Decontamination	R
Distance	2212005	Distance	R
Documentation	2212007	Documentation	R
ED Overcrowding / Transfer of Care	2212009	ED Overcrowding / Transfer of Care	R
EMS Crew Accompanies Patient for Facility Procedure	2212033	EMS Crew Accompanies Patient for Facility Procedure	R
Equipment Failure	2212011	Equipment Failure	R
Equipment/Supply Replenishment	2212013	Equipment/Supply Replenishment	R
Other	2212017	Other	R
Rendezvous Transport Unavailable	2212019	Rendezvous Transport Unavailable	R
Route Obstruction (e.g., Train)	2212021	Route Obstruction (e.g., Train)	R
Staff Delay	2212023	Staff Delay	R
Traffic	2212025	Traffic	R
Vehicle Crash of this Unit	2212027	Vehicle Crash of this Unit	R
Vehicle Failure of this Unit	2212029	Vehicle Failure of this Unit	R
Weather	2212031	Weather	R

Comments

Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc. to return to service.

If a patient is being transported by the unit, turn-around delay is any time delay that occurs from the time the patient arrived at the destination (eTimes.11) until the time the unit is back in service (eTimes.13) or unit back at the home location (eTimes.15) [whichever is the greater of the two times].

If no patient is being transported by the unit, turn-around delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) until the unit is back in service (eTimes.13) or the unit back at the home location (eTimes.15) [whichever is the greater of the two times].

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
586	Turn Around Delays cannot be "None" with other delays also entered.	10	National	Warning

eResponse.13 - EMS Vehicle (Unit) Number

Definition
The unique physical vehicle number of the responding unit.

Location in Runform

Section	Response Resources	Panel	Responding unit
Section	Drop Off Form	Panel	Responding Unit and Crew

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	25

Comments
This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element should be populated from dVehicle.01 - Unit/Vehicle Number.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
78	EMS Vehicle (Unit) Number is a mandatory field.	25	National	Error

eResponse.14 - EMS Unit Call Sign

Definition

The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies

Location in Runform

Section	Response Resources	Panel	Responding unit
Section	Drop Off Form	Panel	Responding unit and Crew

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	1	maxLength	50

Comments

"This element could be populated from a list created in dVehicle.03 EMS Unit Call Sign or dConfiguration.16 (Crew Call Sign).

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
80	EMS Unit Call Sign is a mandatory field.	25	National	Error

eResponse.15 – Level of Care of this Unit

Definition

The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.

Location in Runform

Section	Scene/Situation	Panel	Scene
Section	Responding Resources	Panel	Responding Unit

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single –Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
BLS	2215003	BLS – Basic /EMT	R
ALS	2215013	ALS – Paramedic	R
Community Paramedicine	2215023	BLS – Community Paramedicine	R
No Patient/Not Applicable	2215005	BLS – AEMT	R
Specialty Critical Care	2215021	Specialty Critical Care	R

Comments

Added to identify the level of care (license level) the EMS unit/crew can provide regardless of patient need, based on this unit's capabilities.

For example, if a unit/crew is staffed with an EMT-Intermediate or EMT-Paramedic but the unit is either licensed or stocked at a BLS level the appropriate level of care is "BLS-Basic". This is because the care provided to patients is limited to BLS skills.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
81	Level of Care of this Unit is a mandatory Field	25	National	Error

eResponse.16 - Vehicle Dispatch Location

Definition

The EMS location or healthcare facility representing the geographic location of the unit or crew at the time of dispatch.

Location in Runform

Section	Dispatch Info	Panel	Dispatch Information

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	**minLength**	2	**maxLength**	100

Comments

This element can be populated from dLocation.02 EMS Location Name or dFacility information. Depending on the information the EMS Agency or State is interested in knowing the following elements can be utilized:
1. dLocation.02 EMS Location Name
2. dFacility.02 Facility Name
3. dFacility.03 Facility Code

eResponse.17 - Vehicle Dispatch GPS Location

Definition
The GPS coordinates associated with the EMS unit at the time of dispatch documented in decimal degrees.

Location in Runform			
Section	Dispatch Info	Panel	Dispatch Information

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints	
Pattern	(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9]|[0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9]|[1-9][0-9]|[0-9])(\.[0-9]{1,6})?)

Comments
The pattern for GPS location is in the format "*latitude,longitude*" where: - *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places - *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

eRseponse.23 – Response Mode to Scene

Definition

The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).

Location in Runform

Section	Response Resources	Panel	Response Priority

State Requirements

NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Emergent (Immediate Response)	2223001	Emergent (Immediate Response)	R
Emergent Downgraded to Non-Emergent	2223003	Emergent Downgraded to Non-Emergent	R
Non-Emergent	2223005	Non-Emergent	R
Non-Emergent Upgraded to Emergent	2223007	Non-Emergent Upgraded to Emergent	R

Comments

Information now split between eResponse.23 (Response Mode to Scene) and eResponse.24 (Additional Response Mode Descriptors)

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
82	Response Mode to Scene is a mandatory field.	25	National	Error

eResponse.24 - Additional Response Mode Descriptors

Definition

The documentation of response mode techniques used for this EMS response.

Location in Runform

Section	Response Resources	Panel	Response Priority

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Lights and Sirens	2224015	Lights and Sirens	R
No Lights or Sirens	2224019	No Lights or Sirens	R
Lights and No Sirens	2224017	Lights and No Sirens	R
Initial Lights and Sirens, Downgraded to No Lights or Sirens	2224023	Initial Lights and Sirens, Downgraded to No Lights or Sirens	R
Initial No Lights or Sirens, Upgraded to Lights and Sirens	2224021	Initial No Lights or Sirens, Upgraded to Lights and Sirens	R
Intersection Navigation-Against Normal Light Patterns	2224001	Intersection Navigation-Against Normal Light Patterns	R
Intersection Navigation-With Automated Light Changing Technology	2224003	Intersection Navigation-With Automated Light Changing Technology	R
Scheduled	2224007	Scheduled	R
Unscheduled	2224013	Unscheduled	R
			R

Comments

Descriptors have been added to better describe the EMS Response. This includes information on whether the EMS event was schedule or unscheduled.

Validation/ Business Rules				
Rule	**Description**	**Points**	**Level**	**Schematron**
566	Please choose your traffic management option(s)	10	National	Warning
590	Cannot have "No Lights and Siren" when Lights and/or Siren have been used.	5	Logical	Warning

itResponse.005 – EMS Shift

Definition

EMS Shift

Location in Runform

Section	Responding Resources	Panel	Responding Crew

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Constraints

Data Type	string	minLength	0	maxLength	50

Comments

itResponse.021 – CARES First Responder

Definition

CARES First Responder

Location in Runform

Section	Response Resources	Panel	Responding Crew
Section	Outcome	Panel	Outcome

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Comments

eScene.01 – First EMS Unit on Scene

Definition
Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene

Location in Runform			
Section	Scene/Situation	Panel	Scene

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments
Added to improve the evaluation of Response Times when multiple EMS units are responding to the same scene.

eScene.02 – Other EMS or Public Safety Agencies at Scene

Definition

Other EMS agency names that were at the scene, if any

Location in Runform

Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	2	maxLength	100

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
919	Supporting Agencies cannot be blank if EMS is not 1st on scene and arrest = Yes	10	State	Warning

eScene.04 – Type of Other Service at Scene

Definition
The type of public safety or EMS service associated with Other Agencies on Scene

Location in Runform

Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Transporting or Other EMS Agency	2704013	Other EMS Agency	R
First Responder	2704005	First Responder	R
Fire	2704003	Fire	R
Law	2704009	Law	R
EMS Mutual Aid	2704001	EMS Mutual Aid	R
Other Health Care Provider	2704015	Other Health Care Provider	R
Rescue	2704017	Rescue	R
Utilities	2704019	Utilities	R
Hazmat	2704007	Hazmat	R
Other	2704011	Other	R

Comments
Associated with each Other Service in eScene.02

eScene.05 – Date/Time Initial Responder Arrived on Scene

Definition
The time that the initial responder arrived on the scene, if applicable.

Location in Runform			
Section	Scene/Situation	Panel	Scene

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements				
National Element	No	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
844	THIS agency's first responder arrived on scene before agency was dispatched. Please fix your times.	15	Logical	Warning

eScene.06 – Number of Patients at Scene

Definition

Indicator of how many total patients were at the scene

Location in Runform

Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Multiple	2707001	Multiple	R
None	2707003	None	R
Single	2707005	Single	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
99	Number of Patients at Scene is a required field when Unit Arrived on Scene is not blank.	10	National	Warning
913	Number of Patients at Scene must be "Multiple"when Mass Casualty incident is "Yes"	10	National	Warning

eScene.07 – Mass Casualty Incident

Definition

Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)

Location in Runform

Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9923001	No	R
Yes	9923003	Yes	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
913	Mass Casualty Incident is a required field when Unit Arrived on Scene is not blank.	10	National	Warning

eScene.08 - Triage Classification for MCI Patient

Definition
The color associated with the initial triage assessment/classification of the MCI patient.

Location in Runform
Section	Assessment	Panel	Working Diagnosis

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Red - Immediate	2708001	Red - Immediate	R
Yellow - Delayed	2708003	Yellow - Delayed	R
Green - Minimal (Minor)	2708005	Green - Minimal (Minor)	R
Gray - Expectant	2708007	Gray - Expectant	R
Black - Deceased	2708009	Black - Deceased	R

Comments
This element is documented when eScene.07 (Mass Casualty Incident) = Yes.

Examples of triage systems include START and SALT.

eScene.09 – Incident Location Type

Definition
The kind of location where the incident happened

Location in Runform

Section	Dispatch Info	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single - Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	Y92\.[0-9]{1,3}

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Home/Residence (Single Family Private)	Y92.01	Single-family non-institutional (private) house as the place of occurrence of the external cause	R
Home/Residence (apartment)	Y92.03	Apartment as the place of occurrence of the external cause	R
Home / Residence (Institutional, Not healthcare or prison)	Y92.10	Unspecified residential institution as the place of occurrence of the external cause	R
Homeless (Shelter or Improvised Spot)	Y92.9	Unspecified place or not applicable	R
Street, Road or Highway	Y92.41	Street and highway as the place of occurrence of the external cause	R
Snow Mobile /ATV / Bike Trail	Y92.412	Parkway as the place of occurrence of the external cause	R
Transport Service Area (Rest Area, Bus Stop, etc.)	Y92.52	Service areas as the place of occurrence of the external cause	R
Airport	Y92.520	Airport as the place of occurrence of the external cause	R
Hotel and Motel	itICD.006	Hotel/Motel	R
Landing Zone (Scene)	Y92.89	Other specified places as the place of occurrence of the external cause	R
Railroad Right-of-Way	Y92.85	Railroad track as the place of occurrence of the external cause	R
Hospital	Y92.23	Hospital as the place of occurrence of the external cause	R
Urgent Care Center	Y92.532	Urgent care center as the place of occurrence of the	R

		external cause	
Nursing Home / Assisted Living / Rehab	Y92.12	Nursing home as the place of occurrence of the external cause	R
Outpatient Healthcare Facility (Non-Urgent)	Y92.538	Other ambulatory health services establishments as the place of occurrence of the external cause	R
Health Facility - Dialysis	itICD.013	Health Facility - Dialysis	R
School - Daycare and K-12	Y92.21	School (private) (public) (state) as the place of occurrence of the external cause	R
School -College (Classrooms, Facilities)	Y92.214	College as the place of occurrence of the external cause	R
School - Dorm or Living Quarters	Y92.16	School dormitory as the place of occurrence of the external cause	R
Trade or Business (Mercantile)	Y92.51	Private commercial establishments as the place of occurrence of the external cause	R
Restaurants, Cafes, Bars	Y92.511	Restaurant or cafAƒÆ'A‚Ac as the place of occurrence of the external cause	R
Industrial Site or Premises	Y92.69	Other specified industrial and construction area as the place of occurrence of the external cause	R
Police Station	itICD.010	Police Station	R
Government or Public Building	Y92.24	Public administrative building as the place of occurrence of the external cause	R
Cultural or Entertainment Place	Y92.25	Cultural building as the place of occurrence of the external cause	R
Farm	Y92.7	Farm as the place of occurrence of the external cause	R
Forestry or Logging Site	Y92.821	Forest as the place of occurrence of the external cause	R
Construction Site	Y92.61	Building [any] under construction as the place of occurrence of the external cause	R
Mine, Quarry or Pit	Y92.64	Mine or pit as the place of occurrence of the external cause	R
Dock or Shipyard	Y92.62	Dock or shipyard as the place of occurrence of the external cause	R
Military Base	Y92.13	Military base as the place of occurrence of the external cause	R
Prison or Jail	Y92.14	Prison as the place of occurrence of the external cause	R
Religious Institution (Church, convent, ect)	Y92.22	Religious institution as the place of occurrence of the external cause	R
Sports and Athletic Facility or Field	Y92.39	Other specified sports and athletic area as the place of occurrence of the external cause	R
Ski / Snowboard Area	Y92.828	Other wilderness area as the place of occurrence of the external cause	R
Park or Recreational Area	Y92.830	Public park as the place of occurrence of the external cause	R
Wilderness Area / Hiking Trail	Y92.82	Wilderness area	R
Campsite / Campground	Y92.833	Campsite as the place of occurrence of the external cause	R
Beach (Not in Water)	Y92.832	Beach as the place of occurrence of the external cause	R
Lake, River, Ocean (In or On Water)	Y92.838	Other recreation area as the place of occurrence of the external cause	R
Swimming Pool	Y92.016	Swimming-pool in single-family (private) house or garden as the place of occurrence of the external cause	R
Amusement / Water /Theme Park	Y92.831	Amusement park as the place of occurrence of the external cause	R
Other	Y92.8	Other places as the place of occurrence of the external cause	R

Comments

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

ICD-10-CM
Website - http://uts.nlm.nih.gov

Product - UMLS Metathesaurus

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
101	Incident Location Type is a Required Field	10	National	Warning

eScene.10 – Incident Facility Code

Definition

The state, regulatory, or other unique number (code) associated with the facility if the incident is a Healthcare Facility

Location in Runform

Section	Dispatch Info	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	2	maxLength	50

Comments

This may be populated from a list created within dFacility.03 (Facility Location Code) or dFacility.05 (Facility National Provider Identifier).

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
195	Missing incident facility	10	State	Error

eScene.11 – Scene GPS Location

Definition

The GPS coordinates associated with the Scene.

Location in Runform

Section	Scene/Situation	Panel	Scene

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Pattern	(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9]|[0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9]|[1-9][0-9]|[0-9])(\.[0-9]{1,6})?)

Comments

The pattern for GPS location is in the format "*latitude*,*longitude*" where:
- *latitude* has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- *longitude* has a minimum of -180 and a maximum of 180 with up to 6 decimal places

eScene.13 – Incident Facility or Location Name

Definition
The name of the facility, business, building, ect. Associated with the scene of the EMS event.

Location in Runform

Section	Drop Off Form	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	2	maxLength	100

Comments
This element may be populated from a list created within dFacility.02 (Facility Name).

eScene.15 – Incident Street Address

Definition

The street address where the patient was found, or, if no patient, the address to which the unit responded

Location in Runform

Section	Dispatch Info	Panel	Incident Address
Section	Drop Off Form	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
StreetAddress2		

Data Type	String	**minLength**	1	**maxLength**	255

Constraints

Data Type	string	**minLength**	1	**maxLength**	255

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
154	Incident Street Address is a required field.	10	State	Warning

eScene.16 – Incident Apartment, Suite, or Room

Definition

The number of the specific apartment, suite, or room where the incident occurred.

Location in Runform

Section	Dispatch Info	Panel	Incident Address
Section	Drop Off Form	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	1	maxLength	15

Comments

eScene.17 – Incident City

Definition

The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)

Location in Runform

Section	Dispatch Info	Panel	Incident Address
Section	Drop Off Form	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Comments

City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.

Definitions for each GNIS City Feature Class can be found on the GNIS Codes website.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
529	The incident city / town is missing	10	National	Warning

eScene.18 – Incident State

Definition

The state, territory, or province where the patient was found or to which the unit responded (or best approximation)

Location in Runform

Section	Dispatch Info	Panel	Incident Address
Section	Drop Off Form	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	[0-9]{2}

Comments

Based on the ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
891	This appears to be a 911 call that originated out of state. If this is mutual aid, please choose mutual aid. Please call the NHFA & EMS at 603.223.4200 for questions.	10	State	Error
533	Incident state is required.	10	National	Warning

eScene.19 – Incident ZIP Code

Definition

The ZIP code of the incident location

Location in Runform

Section	Dispatch Info	Panel	Incident Address
Section	Drop Off Form	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Comments

ZIP Codes Product
Website: https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/
Product: USA - 5-digit ZIP Code Database, Commercial Edition

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
102	Incident ZIP Code is a required Field	10	National	Warning

eScene.21 – Incident County

Definition

The County or parish where the patient was found or to which the unit responded (or best approximation)

Location in Runform

Section	Dispatch Info	Panel	Incident Address

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	[0-9]{5}

Comments

Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes) Should be required if there is a patient associated with the event.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
890	Incident County is a required field	10	National	Warning

eScene.22 – Incident Country

Definition

The country of the incident location

Location in Runform

Section	Dispatch Info	Panel	Incident Address

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	2	maxLength	

Comments

Based on the ISO Country Code.

ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

itScene.025 – Zone Number

Definition
Zone Number

Location in Runform

Section	Dispatch Info	Panel	Incident Address

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	No	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Comments
Qualified Requirement means this is setup by each individual agency and the requirement is based on agency requirements. The state does not require the use of this element.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
501	A zone is required as part of the incident address. (-5)	5	Local	No

itScene.026 – Areas of Operation

Definition
Areas of Operation

Location in Runform			
Section	Dispatch Info	Panel	Incident Address

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	No	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Comments
Qualified Requirement means this is setup by each individual agency and the requirement is based on agency requirements. The state does not require the use of this element.

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
764	You must enter the Area of Operation for this Incident Response	5	Local	No

itScene.028 – Incident Address Favorite Postal Code

Definition

Incident Address Favorite Postal Code

Location in Runform

Section	Dispatch Info	Panel	Incident Address

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Required	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Comments

These are setup at the agency level, at the agencies discretion, for the convenience of the agency providers

eSituation.01 – Date/Time of Symptom Onset

Definition
The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

Location in Runform
Section	History	Panel	Pt Signs and Symptoms
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
32	The sequence of time requires that Symptom Onset occur before Arrived at Patient.	10	National	Warning
103	Time of Symptom Onset/Last Normal is a required field.	10	National	Warning

eSituation.02 – Possible Injury

Definition

Indication whether or not there was an injury

Location in Runform

Section	Scene/Situation	Panel	Situation

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9922001	No	R
Yes	9922005	Yes	R

Comments

This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury. eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
104	Possible Injury is required when a patient is contacted	10	National	Warning
904	Injury Possible cannot be "no" for 911 calls with a diagnosis of trauma or injury	10	State	Warning

eSituation.03 – Complaint Type

Definition

The type of patient healthcare complaint being documented

Location in Runform

Section	History	Panel	Patient Complaint
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single – Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Primary (Chief)	2803001	Chief (Primary)	R
Other	2803003	Other	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
155	Complaint Type is a recommended field when complaint is not blank	5	State	Warning

eSituation.04 - Complaint

Definition

The statement of the problem by the patient or the history provider

Location in Runform

Section	History	Panel	Patient Complaint
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	string	minLength	1	maxLength	255

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
156	Complaint is a recommended field when there is a patient	5	State	Warning

eSituation.05 – Duration of Complaint

Definition

The Duration of the complaint

Location in Runform

Section	History	Panel	Patient Complaint
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Recommended	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Constraints

Data Type	integer	minLength	1	maxLength	365

Comments

eSituation.06 – Time Units of Duration of Complaint

Definition

The time units of the duration of the patient's complaint

Location in Runform

Section	History	Panel	Patient Complaint
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Minutes	2806003	Minutes	R
Hours	2806005	Hours	R
Days	2806007	Days	R
Weeks	2806009	Weeks	R
Months	2806011	Months	R
Years	2806013	Years	R
Seconds	2806001	Seconds	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
157	Time Units of Duration of Complaint is a recommended field when Duration of Complaint is not blank.	5	State	Warning

eSituation.07 – Chief Complaint Anatomic Location

Definition

The primary anatomic location of the chief complaint as identified by EMS Personnel

Location in Runform

Section	History	Panel	Pt Complaints

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
General/Global or Multiple Locations	2807011	General/Global	R
Head	2807015	Head	R
Neck	2807017	Neck	R
Chest	2807005	Chest	R
Back	2807003	Back	R
Abdomen	2807001	Abdomen	R
Pelvis/Genitalia	2807013	Genitalia	R
Hand, Arm or Shoulder	2807009	Extremity-Upper	R
Foot, Leg or Hip	2807007	Extremity-Lower	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
105	Chief Complaint Anatomic Location is a required field when Arrived at Patient is not blank.	10	National	Warning

eSituation.08 – Chief Complaint Organ System

Definition

The primary organ system of the patient injured or medically affected

Location in Runform

Section	History	Panel	Pt Complaints

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Global, General, Multiple or Undetermined Systems	2808011	Global/General	R
CNS/Neuro	2808005	CNS/Neuro	R
Cardiovascular	2808003	Cardiovascular	R
Respiratory/Airway	2808019	Pulmonary	R
Musculoskeletal/Skin	2808015	Musculoskeletal/Skin	R
Psychiatric/Behavioral	2808001	Behavioral/Psychiatric	R
GI	2808009	GI	R
Kidneys/Renal	2808021	Renal	R
Reproductive/Genitourinary	2808017	Reproductive	R
Endocrine/Metabolic	2808007	Endocrine/Metabolic	R
Immune/Lymphatic/Hematologic	2808013	Lymphatic/Immune	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
106	Chief Complaint Organ System is a required field when Arrived at Patient is not blank.	10	National	Warning

eSituation.09 – Primary Symptom

Definition

The primary sign and symptom present in the patient or observed by EMS Personnel

Location in Runform

Section	History	Panel	Pt Signs and Symptoms
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,4})?)

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Acute abdomen	R10.0	Acute abdomen	R
Ascites	R18	Ascites	R
Abdominal distension (gaseous)	R14.0	Abdominal distension (gaseous)	R
Abdominal rigidity, unspecified site	R19.30	Abdominal rigidity, unspecified site	R
Abdominal tenderness	R10.81	Abdominal tenderness	R
Strange and inexplicable behavior	R46.2	Strange and inexplicable behavior	R
Worries	R45.82	Worries	R
Violent behavior	R45.6	Violent behavior	R
Demoralization and apathy	R45.3	Demoralization and apathy	R
State of emotional shock and stress, unspecified	R45.7	State of emotional shock and stress, unspecified	R
Auditory hallucinations	R44.0	Auditory hallucinations	R
Visual hallucinations	R44.1	Visual hallucinations	R
Homicidal ideations	R45.850	Homicidal ideations	R
Irritability and anger	R45.4	Irritability and anger	R
Overactivity	R46.3	Overactivity	R
Restlessness and agitation	R45.1	Restlessness and agitation	R
Slowness and poor responsiveness	R46.4	Slowness and poor responsiveness	R

Suicidal ideations	R45.851	Suicidal ideations	R
Cardiac arrest	I46	Cardiac arrest	R
Palpitations	R00.2	Palpitations	R
Hypertensive heart disease	I11	Hypertensive heart disease	R
Generalized edema	R60.1	Generalized edema	R
Localized edema	R60.0	Localized edema	R
Edema, unspecified	R60.9	Edema, unspecified	R
Nausea with vomiting, unspecified	R11.2	Nausea with vomiting, unspecified	R
Eructation	R14.2	Eructation	R
Colic	R10.83	Colic	R
Constipation, unspecified	K59.00	Constipation, unspecified	R
Diarrhea, unspecified	R19.7	Diarrhea, unspecified	R
Dysuria	R30.0	Dysuria	R
Feeding difficulties	R63.3	Feeding difficulties	R
Flatulence	R14.3	Flatulence	R
Gastrointestinal hemorrhage, unspecified	K92.2	Gastrointestinal hemorrhage, unspecified	R
Heartburn	R12	Heartburn	R
Hematemesis	K92.0	Hematemesis	R
Hematuria	R31	Hematuria	R
Fecal incontinence	R15	Fecal incontinence	R
Unspecified urinary incontinence	R32	Unspecified urinary incontinence	R
Nausea	R11.0	Nausea	R
Other polyuria	R35.8	Other polyuria	R
Retention of urine, unspecified	R33.9	Retention of urine, unspecified	R
Vomiting, unspecified	R11.10	Vomiting, unspecified	R
Acute pharyngitis	J02	Acute pharyngitis	R
Amaurosis fugax	G45.3	Amaurosis fugax	R
Aphonia	R49.1	Aphonia	R
Dry mouth, unspecified	R68.2	Dry mouth, unspecified	R
Dysphagia, unspecified	R13.10	Dysphagia, unspecified	R
Dysphasia	R47.02	Dysphasia	R
Dysphonia	R49.0	Dysphonia	R
Unspecified speech disturbances	R47.9	Unspecified speech disturbances	R
Unspecified hearing loss, unspecified ear	H91.90	Unspecified hearing loss, unspecified ear	R
Unspecified hearing loss	H91.9	Unspecified hearing loss	R
Other abnormal auditory perceptions, unspecified ear	H93.299	Other abnormal auditory perceptions, unspecified ear	R
Epistaxis	R04.0	Epistaxis	R
Nasal congestion	R09.81	Nasal congestion	R
Presence of automatic (implantable) cardiac defibrillator	Z95.810	Presence of automatic (implantable) cardiac defibrillator	R
Presence of cardiac pacemaker	Z95.0	Presence of cardiac pacemaker	R
Presence of functional implant, unspecified	Z96.9	Presence of functional implant, unspecified	R
Presence of insulin pump (external) (internal)	Z96.41	Presence of insulin pump (external) (internal)	R
Sneezing	R06.7	Sneezing	R
Presence of heart assist device	Z95.811	Presence of heart assist device	R
Presence of artificial limb (complete) (partial), unspecified	Z97.10	Presence of artificial limb (complete) (partial), unspecified	R
Snoring	R06.83	Snoring	R
Stridor	R06.1	Stridor	R
Miosis	H57.03	Miosis	R
Mydriasis	H57.04	Mydriasis	R
Anisocoria	H57.02	Anisocoria	R
Visual discomfort	H53.14	Visual discomfort	R
Unspecified visual disturbance	H53.9	Unspecified visual disturbance	R
Unspecified visual loss	H54.7	Unspecified visual loss	R
Tetany	R29.0	Tetany	R

Cramp and spasm	R25.2	Cramp and spasm	R
Unspecified acquired deformity of unspecified limb	M21.90	Unspecified acquired deformity of unspecified limb	R
Dehydration	E86.0	Dehydration	R
Polydipsia	R63.1	Polydipsia	R
Excessive crying of infant (baby)	R68.11	Excessive crying of infant (baby)	R
Excessive crying of child, adolescent or adult	R45.83	Excessive crying of child, adolescent or adult	R
Other fatigue	R53.83	Other fatigue	R
Hemorrhage, not elsewhere classified	R58	Hemorrhage, not elsewhere classified	R
Hyperglycemia, unspecified	R73.9	Hyperglycemia, unspecified	R
Hypoglycemia, unspecified	E16.2	Hypoglycemia, unspecified	R
Irregular menstruation, unspecified	N92.6	Irregular menstruation, unspecified	R
False labor, unspecified	O47.9	False labor, unspecified	R
Acidosis	E87.2	Acidosis	R
Dizziness and giddiness	R42	Dizziness and giddiness	R
Other malaise	R53.81	Other malaise	R
Encounter for general examination without complaint, suspected or reported diagnosis	Z00	Encounter for general examination without complaint, suspected or reported diagnosis	R
Ill-defined and unknown cause of mortality	R99	Ill-defined and unknown cause of mortality	R
Orthostatic hypotension	I95.1	Orthostatic hypotension	R
Repeated falls	R29.6	Repeated falls	R
Insomnia, unspecified	G47.00	Insomnia, unspecified	R
Hypersomnia, unspecified	G47.10	Hypersomnia, unspecified	R
Unequal limb length (acquired), unspecified site	M21.70	Unequal limb length (acquired), unspecified site	R
Hypertonic, incoordinate, and prolonged uterine contractions	O62.4	Hypertonic, incoordinate, and prolonged uterine contractions	R
Abnormal uterine and vaginal bleeding, unspecified	N93.9	Abnormal uterine and vaginal bleeding, unspecified	R
Weakness	R53.1	Weakness	R
Overweight	E66.3	Overweight	R
Other injury of unspecified body region	T14.8	Other injury of unspecified body region	R
Difficulty in walking, not elsewhere classified	R26.2	Difficulty in walking, not elsewhere classified	R
Reduced mobility	Z74.0	Reduced mobility	R
Bed confinement status	Z74.01	Bed confinement status	R
Other reduced mobility	Z74.09	Other reduced mobility	R
Unspecified abnormalities of gait and mobility	R26.9	Unspecified abnormalities of gait and mobility	R
Other abnormal involuntary movements	R25.8	Other abnormal involuntary movements	R
Altered mental status, unspecified	R41.82	Altered mental status, unspecified	R
Other amnesia	R41.3	Other amnesia	R
Anorexia	R63.0	Anorexia	R
Aphagia	R13.0	Aphagia	R
Aphasia	R47.01	Aphasia	R
Ataxia, unspecified	R27.0	Ataxia, unspecified	R
Ataxic gait	R26.0	Ataxic gait	R
Unspecified coma	R40.20	Unspecified coma	R
Disorientation, unspecified	R41.0	Disorientation, unspecified	R
Contracture of joint	M24.5	Contracture of joint	R
Contracture of muscle	M62.4	Contracture of muscle	R
Other peripheral vertigo, unspecified ear	H81.399	Other peripheral vertigo, unspecified ear	R
Facial weakness	R29.810	Facial weakness	R
Monoplegia of upper limb following cerebral infarction affecting unspecified side	I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	R
Other specified disorders of binocular movement	H51.8	Other specified disorders of binocular movement	R
Neurologic neglect syndrome	R41.4	Neurologic neglect syndrome	R
Hemiplegia, unspecified	G81.9	Hemiplegia, unspecified	R

Paralytic syndrome, unspecified	G83.9	Paralytic syndrome, unspecified	R
Priapism	N48.3	Priapism	R
Slurred speech	R47.81	Slurred speech	R
Somnolence	R40.0	Somnolence	R
Stupor	R40.1	Stupor	R
Syncope and collapse	R55	Syncope and collapse	R
Tremor, unspecified	R25.1	Tremor, unspecified	R
Fasciculation	R25.3	Fasciculation	R
Coma	R40.2	Coma	R
Pain localized to upper abdomen	R10.1	Pain localized to upper abdomen	R
Pain localized to other parts of lower abdomen	R10.3	Pain localized to other parts of lower abdomen	R
Generalized abdominal pain	R10.84	Generalized abdominal pain	R
Periumbilical pain	R10.33	Periumbilical pain	R
Rebound abdominal tenderness	R10.82	Rebound abdominal tenderness	R
Dorsalgia, unspecified	M54.9	Dorsalgia, unspecified	R
Chest pain on breathing	R07.1	Chest pain on breathing	R
Chest pain, unspecified	R07.9	Chest pain, unspecified	R
Other chest pain	R07.89	Other chest pain	R
Dental caries, unspecified	K02.9	Dental caries, unspecified	R
Otalgia, unspecified ear	H92.09	Otalgia, unspecified ear	R
Epigastric pain	R10.13	Epigastric pain	R
Ocular pain, unspecified eye	H57.10	Ocular pain, unspecified eye	R
Unspecified renal colic	N23	Unspecified renal colic	R
Headache	R51	Headache	R
Pain in hip	M25.55	Pain in hip	R
Intercostal pain	R07.82	Intercostal pain	R
Jaw pain	R68.84	Jaw pain	R
Pain in leg, unspecified	M79.606	Pain in leg, unspecified	R
Cervicalgia	M54.2	Cervicalgia	R
Pain, unspecified	R52	Pain, unspecified	R
Pelvic and perineal pain	R10.2	Pelvic and perineal pain	R
Pain in arm, unspecified	M79.603	Pain in arm, unspecified	R
Pain in throat	R07.0	Pain in throat	R
Periodic breathing	R06.3	Periodic breathing	R
Other diseases of pharynx	J39.2	Other diseases of pharynx	R
Apnea, not elsewhere classified	R06.81	Apnea, not elsewhere classified	R
Asphyxia	R09.01	Asphyxia	R
Foreign body in trachea	T17.4	Foreign body in trachea	R
Cough	R05	Cough	R
Hemoptysis	R04.2	Hemoptysis	R
Orthopnea	R06.01	Orthopnea	R
Pulmonary edema	J81	Pulmonary edema	R
Hiccough	R06.6	Hiccough	R
Respiratory failure, unspecified with hypercapnia	J96.92	Respiratory failure, unspecified with hypercapnia	R
Hyperventilation	R06.4	Hyperventilation	R
Hypoxemia	R09.02	Hypoxemia	R
Sleep related hypoventilation in conditions classified elsewhere	G47.36	Sleep related hypoventilation in conditions classified elsewhere	R
Respiratory arrest	R09.2	Respiratory arrest	R
Dyspnea, unspecified	R06.00	Dyspnea, unspecified	R
Shortness of breath	R06.02	Shortness of breath	R
Wheezing	R06.2	Wheezing	R
Febrile convulsions	R56.0	Febrile convulsions	R
Generalized idiopathic epilepsy and epileptic syndromes	G40.3	Generalized idiopathic epilepsy and epileptic syndromes	R
Anaphylactic shock, unspecified	T78.2	Anaphylactic shock, unspecified	R

Cardiogenic shock	R57.0	Cardiogenic shock	R
Shock, unspecified	R57.9	Shock, unspecified	R
Hypovolemic shock	R57.1	Hypovolemic shock	R
Other shock	R57.8	Other shock	R
Severe sepsis with septic shock	R65.21	Severe sepsis with septic shock	R
Traumatic shock	T79.4	Traumatic shock	R
Papulosquamous disorders in diseases classified elsewhere	L45	Papulosquamous disorders in diseases classified elsewhere	R
Local infection of the skin and subcutaneous tissue, unspecified	L08.9	Local infection of the skin and subcutaneous tissue, unspecified	R
Paresthesia of skin	R20.2	Paresthesia of skin	R
Burn of unspecified body region, unspecified degree	T30.0	Burn of unspecified body region, unspecified degree	R
Chills (without fever)	R68.83	Chills (without fever)	R
Cyanosis	R23.0	Cyanosis	R
Generalized hyperhidrosis	R61	Generalized hyperhidrosis	R
Fever, unspecified	R50.9	Fever, unspecified	R
Fever of other and unknown origin	R50	Fever of other and unknown origin	R
Flushing	R23.2	Flushing	R
Superficial frostbite	T33	Superficial frostbite	R
Urticaria	L50	Urticaria	R
Pruritus, unspecified	L29.9	Pruritus, unspecified	R
Unspecified jaundice	R17	Unspecified jaundice	R
Hypoesthesia of skin	R20.1	Hypoesthesia of skin	R
Anesthesia of skin	R20.0	Anesthesia of skin	R
Other skin changes	R23.8	Other skin changes	R
Pallor	R23.1	Pallor	R
Rash and other nonspecific skin eruption	R21	Rash and other nonspecific skin eruption	R
Localized swelling, mass and lump of skin and subcutaneous tissue	R22	Localized swelling, mass and lump of skin and subcutaneous tissue	R

Comments

eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.

Code list is represented in ICD-10-CM Diagnosis Codes. Reference the NEMSIS Suggested Lists at:
http://nemsis.org/v3/resources.html

ICD-10-CM
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
107	Primary Symptom is a required field when Arrive at Patient is not Blank	10	National	Warning

eSituation.10 – Other Associated Symptoms

Definition
Other symptoms identified by the patient or observed by EMS Personnel

Location in Runform

Section	History	Panel	Pt Signs and Symptoms
Section	Drop Off Form	Panel	Complaints and Symptoms

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255
Pattern	(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,4})?)				

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Acute abdomen	R10.0	Acute abdomen	R
Ascites	R18	Ascites	R
Abdominal distension (gaseous)	R14.0	Abdominal distension (gaseous)	R
Abdominal rigidity, unspecified site	R19.30	Abdominal rigidity, unspecified site	R
Abdominal tenderness	R10.81	Abdominal tenderness	R
Strange and inexplicable behavior	R46.2	Strange and inexplicable behavior	R
Worries	R45.82	Worries	R
Violent behavior	R45.6	Violent behavior	R
Demoralization and apathy	R45.3	Demoralization and apathy	R
State of emotional shock and stress, unspecified	R45.7	State of emotional shock and stress, unspecified	R
Auditory hallucinations	R44.0	Auditory hallucinations	R
Visual hallucinations	R44.1	Visual hallucinations	R
Homicidal ideations	R45.850	Homicidal ideations	R
Irritability and anger	R45.4	Irritability and anger	R
Overactivity	R46.3	Overactivity	R
Restlessness and agitation	R45.1	Restlessness and agitation	R

Slowness and poor responsiveness	R46.4	Slowness and poor responsiveness	R
Suicidal ideations	R45.851	Suicidal ideations	R
Cardiac arrest	I46	Cardiac arrest	R
Palpitations	R00.2	Palpitations	R
Hypertensive heart disease	I11	Hypertensive heart disease	R
Generalized edema	R60.1	Generalized edema	R
Localized edema	R60.0	Localized edema	R
Edema, unspecified	R60.9	Edema, unspecified	R
Nausea with vomiting, unspecified	R11.2	Nausea with vomiting, unspecified	R
Eructation	R14.2	Eructation	R
Colic	R10.83	Colic	R
Constipation, unspecified	K59.00	Constipation, unspecified	R
Diarrhea, unspecified	R19.7	Diarrhea, unspecified	R
Dysuria	R30.0	Dysuria	R
Feeding difficulties	R63.3	Feeding difficulties	R
Flatulence	R14.3	Flatulence	R
Gastrointestinal hemorrhage, unspecified	K92.2	Gastrointestinal hemorrhage, unspecified	R
Heartburn	R12	Heartburn	R
Hematemesis	K92.0	Hematemesis	R
Hematuria	R31	Hematuria	R
Fecal incontinence	R15	Fecal incontinence	R
Unspecified urinary incontinence	R32	Unspecified urinary incontinence	R
Nausea	R11.0	Nausea	R
Other polyuria	R35.8	Other polyuria	R
Retention of urine, unspecified	R33.9	Retention of urine, unspecified	R
Vomiting, unspecified	R11.10	Vomiting, unspecified	R
Acute pharyngitis	J02	Acute pharyngitis	R
Amaurosis fugax	G45.3	Amaurosis fugax	R
Aphonia	R49.1	Aphonia	R
Dry mouth, unspecified	R68.2	Dry mouth, unspecified	R
Dysphagia, unspecified	R13.10	Dysphagia, unspecified	R
Dysphasia	R47.02	Dysphasia	R
Dysphonia	R49.0	Dysphonia	R
Unspecified speech disturbances	R47.9	Unspecified speech disturbances	R
Unspecified hearing loss, unspecified ear	H91.90	Unspecified hearing loss, unspecified ear	R
Unspecified hearing loss	H91.9	Unspecified hearing loss	R
Other abnormal auditory perceptions, unspecified ear	H93.299	Other abnormal auditory perceptions, unspecified ear	R
Epistaxis	R04.0	Epistaxis	R
Nasal congestion	R09.81	Nasal congestion	R
Presence of automatic (implantable) cardiac defibrillator	Z95.810	Presence of automatic (implantable) cardiac defibrillator	R
Presence of cardiac pacemaker	Z95.0	Presence of cardiac pacemaker	R
Presence of functional implant, unspecified	Z96.9	Presence of functional implant, unspecified	R
Presence of insulin pump (external) (internal)	Z96.41	Presence of insulin pump (external) (internal)	R
Sneezing	R06.7	Sneezing	R
Presence of heart assist device	Z95.811	Presence of heart assist device	R
Presence of artificial limb (complete) (partial), unspecified	Z97.10	Presence of artificial limb (complete) (partial), unspecified	R
Snoring	R06.83	Snoring	R
Stridor	R06.1	Stridor	R
Miosis	H57.03	Miosis	R
Mydriasis	H57.04	Mydriasis	R
Anisocoria	H57.02	Anisocoria	R
Visual discomfort	H53.14	Visual discomfort	R
Unspecified visual disturbance	H53.9	Unspecified visual disturbance	R
Unspecified visual loss	H54.7	Unspecified visual loss	R

Tetany	R29.0	Tetany	R
Cramp and spasm	R25.2	Cramp and spasm	R
Unspecified acquired deformity of unspecified limb	M21.90	Unspecified acquired deformity of unspecified limb	R
Dehydration	E86.0	Dehydration	R
Polydipsia	R63.1	Polydipsia	R
Excessive crying of infant (baby)	R68.11	Excessive crying of infant (baby)	R
Excessive crying of child, adolescent or adult	R45.83	Excessive crying of child, adolescent or adult	R
Other fatigue	R53.83	Other fatigue	R
Hemorrhage, not elsewhere classified	R58	Hemorrhage, not elsewhere classified	R
Hyperglycemia, unspecified	R73.9	Hyperglycemia, unspecified	R
Hypoglycemia, unspecified	E16.2	Hypoglycemia, unspecified	R
Irregular menstruation, unspecified	N92.6	Irregular menstruation, unspecified	R
False labor, unspecified	O47.9	False labor, unspecified	R
Acidosis	E87.2	Acidosis	R
Dizziness and giddiness	R42	Dizziness and giddiness	R
Other malaise	R53.81	Other malaise	R
Encounter for general examination without complaint, suspected or reported diagnosis	Z00	Encounter for general examination without complaint, suspected or reported diagnosis	R
Ill-defined and unknown cause of mortality	R99	Ill-defined and unknown cause of mortality	R
Orthostatic hypotension	I95.1	Orthostatic hypotension	R
Repeated falls	R29.6	Repeated falls	R
Insomnia, unspecified	G47.00	Insomnia, unspecified	R
Hypersomnia, unspecified	G47.10	Hypersomnia, unspecified	R
Unequal limb length (acquired), unspecified site	M21.70	Unequal limb length (acquired), unspecified site	R
Hypertonic, incoordinate, and prolonged uterine contractions	O62.4	Hypertonic, incoordinate, and prolonged uterine contractions	R
Abnormal uterine and vaginal bleeding, unspecified	N93.9	Abnormal uterine and vaginal bleeding, unspecified	R
Weakness	R53.1	Weakness	R
Overweight	E66.3	Overweight	R
Other injury of unspecified body region	T14.8	Other injury of unspecified body region	R
Difficulty in walking, not elsewhere classified	R26.2	Difficulty in walking, not elsewhere classified	R
Reduced mobility	Z74.0	Reduced mobility	R
Bed confinement status	Z74.01	Bed confinement status	R
Other reduced mobility	Z74.09	Other reduced mobility	R
Unspecified abnormalities of gait and mobility	R26.9	Unspecified abnormalities of gait and mobility	R
Other abnormal involuntary movements	R25.8	Other abnormal involuntary movements	R
Altered mental status, unspecified	R41.82	Altered mental status, unspecified	R
Other amnesia	R41.3	Other amnesia	R
Anorexia	R63.0	Anorexia	R
Aphagia	R13.0	Aphagia	R
Aphasia	R47.01	Aphasia	R
Ataxia, unspecified	R27.0	Ataxia, unspecified	R
Ataxic gait	R26.0	Ataxic gait	R
Unspecified coma	R40.20	Unspecified coma	R
Disorientation, unspecified	R41.0	Disorientation, unspecified	R
Contracture of joint	M24.5	Contracture of joint	R
Contracture of muscle	M62.4	Contracture of muscle	R
Other peripheral vertigo, unspecified ear	H81.399	Other peripheral vertigo, unspecified ear	R
Facial weakness	R29.810	Facial weakness	R
Monoplegia of upper limb following cerebral infarction affecting unspecified side	I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side	R
Other specified disorders of binocular movement	H51.8	Other specified disorders of binocular movement	R
Neurologic neglect syndrome	R41.4	Neurologic neglect syndrome	R

Hemiplegia, unspecified	G81.9	Hemiplegia, unspecified	R
Paralytic syndrome, unspecified	G83.9	Paralytic syndrome, unspecified	R
Priapism	N48.3	Priapism	R
Slurred speech	R47.81	Slurred speech	R
Somnolence	R40.0	Somnolence	R
Stupor	R40.1	Stupor	R
Syncope and collapse	R55	Syncope and collapse	R
Tremor, unspecified	R25.1	Tremor, unspecified	R
Fasciculation	R25.3	Fasciculation	R
Coma	R40.2	Coma	R
Pain localized to upper abdomen	R10.1	Pain localized to upper abdomen	R
Pain localized to other parts of lower abdomen	R10.3	Pain localized to other parts of lower abdomen	R
Generalized abdominal pain	R10.84	Generalized abdominal pain	R
Periumbilical pain	R10.33	Periumbilical pain	R
Rebound abdominal tenderness	R10.82	Rebound abdominal tenderness	R
Dorsalgia, unspecified	M54.9	Dorsalgia, unspecified	R
Chest pain on breathing	R07.1	Chest pain on breathing	R
Chest pain, unspecified	R07.9	Chest pain, unspecified	R
Other chest pain	R07.89	Other chest pain	R
Dental caries, unspecified	K02.9	Dental caries, unspecified	R
Otalgia, unspecified ear	H92.09	Otalgia, unspecified ear	R
Epigastric pain	R10.13	Epigastric pain	R
Ocular pain, unspecified eye	H57.10	Ocular pain, unspecified eye	R
Unspecified renal colic	N23	Unspecified renal colic	R
Headache	R51	Headache	R
Pain in hip	M25.55	Pain in hip	R
Intercostal pain	R07.82	Intercostal pain	R
Jaw pain	R68.84	Jaw pain	R
Pain in leg, unspecified	M79.606	Pain in leg, unspecified	R
Cervicalgia	M54.2	Cervicalgia	R
Pain, unspecified	R52	Pain, unspecified	R
Pelvic and perineal pain	R10.2	Pelvic and perineal pain	R
Pain in arm, unspecified	M79.603	Pain in arm, unspecified	R
Pain in throat	R07.0	Pain in throat	R
Periodic breathing	R06.3	Periodic breathing	R
Other diseases of pharynx	J39.2	Other diseases of pharynx	R
Apnea, not elsewhere classified	R06.81	Apnea, not elsewhere classified	R
Asphyxia	R09.01	Asphyxia	R
Foreign body in trachea	T17.4	Foreign body in trachea	R
Cough	R05	Cough	R
Hemoptysis	R04.2	Hemoptysis	R
Orthopnea	R06.01	Orthopnea	R
Pulmonary edema	J81	Pulmonary edema	R
Hiccough	R06.6	Hiccough	R
Respiratory failure, unspecified with hypercapnia	J96.92	Respiratory failure, unspecified with hypercapnia	R
Hyperventilation	R06.4	Hyperventilation	R
Hypoxemia	R09.02	Hypoxemia	R
Sleep related hypoventilation in conditions classified elsewhere	G47.36	Sleep related hypoventilation in conditions classified elsewhere	R
Respiratory arrest	R09.2	Respiratory arrest	R
Dyspnea, unspecified	R06.00	Dyspnea, unspecified	R
Shortness of breath	R06.02	Shortness of breath	R
Wheezing	R06.2	Wheezing	R
Febrile convulsions	R56.0	Febrile convulsions	R
Generalized idiopathic epilepsy and epileptic syndromes	G40.3	Generalized idiopathic epilepsy and epileptic syndromes	R

Anaphylactic shock, unspecified	T78.2	Anaphylactic shock, unspecified	R
Cardiogenic shock	R57.0	Cardiogenic shock	R
Shock, unspecified	R57.9	Shock, unspecified	R
Hypovolemic shock	R57.1	Hypovolemic shock	R
Other shock	R57.8	Other shock	R
Severe sepsis with septic shock	R65.21	Severe sepsis with septic shock	R
Traumatic shock	T79.4	Traumatic shock	R
Papulosquamous disorders in diseases classified elsewhere	L45	Papulosquamous disorders in diseases classified elsewhere	R
Local infection of the skin and subcutaneous tissue, unspecified	L08.9	Local infection of the skin and subcutaneous tissue, unspecified	R
Paresthesia of skin	R20.2	Paresthesia of skin	R
Burn of unspecified body region, unspecified degree	T30.0	Burn of unspecified body region, unspecified degree	R
Chills (without fever)	R68.83	Chills (without fever)	R
Cyanosis	R23.0	Cyanosis	R
Generalized hyperhidrosis	R61	Generalized hyperhidrosis	R
Fever, unspecified	R50.9	Fever, unspecified	R
Fever of other and unknown origin	R50	Fever of other and unknown origin	R
Flushing	R23.2	Flushing	R
Superficial frostbite	T33	Superficial frostbite	R
Urticaria	L50	Urticaria	R
Pruritus, unspecified	L29.9	Pruritus, unspecified	R
Unspecified jaundice	R17	Unspecified jaundice	R
Hypoesthesia of skin	R20.1	Hypoesthesia of skin	R
Anesthesia of skin	R20.0	Anesthesia of skin	R
Other skin changes	R23.8	Other skin changes	R
Pallor	R23.1	Pallor	R
Rash and other nonspecific skin eruption	R21	Rash and other nonspecific skin eruption	R
Localized swelling, mass and lump of skin and subcutaneous tissue	R22	Localized swelling, mass and lump of skin and subcutaneous tissue	R

Comments

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

ICD-10-CM
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

eSituation.11 – Provider's Primary Impression

Definition

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Location in Runform

Section	Assessment	Panel	Working Diagnosis
Section	Drop Off Form	Panel	Working Diagnosis

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Pattern	(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,4})?)

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Acute abdomen	R10.0	Acute abdomen	R
Unspecified adrenocortical insufficiency	E27.40	Unspecified adrenocortical insufficiency	R
Acute obstructive laryngitis [croup]	J05.0	Acute obstructive laryngitis [croup]	R
Acute epiglottitis	J05.1	Acute epiglottitis	R
Alcohol related disorders	F10	Alcohol related disorders	R
Allergy, unspecified	T78.40	Allergy, unspecified	R
Altered mental status, unspecified	R41.82	Altered mental status, unspecified	R
Anaphylactic shock, unspecified	T78.2	Anaphylactic shock, unspecified	R
Reaction to severe stress, unspecified	F43.9	Reaction to severe stress, unspecified	R
Apparent life threatening event in infant (ALTE)	R68.13	Apparent life threatening event in infant (ALTE)	R
Dorsalgia, unspecified	M54.9	Dorsalgia, unspecified	R
Burn of unspecified body region, unspecified degree	T30.0	Burn of unspecified body region, unspecified degree	R
Neoplasms of unspecified behavior	D49	Neoplasms of unspecified behavior	R
Cardiac arrest, cause unspecified	I46.9	Cardiac arrest, cause unspecified	R
Unstable angina	I20.0	Unstable angina	R
Heart failure, unspecified	I50.9	Heart failure, unspecified	R

Non-ST elevation (NSTEMI) myocardial infarction	I21.4	Non-ST elevation (NSTEMI) myocardial infarction	R
Cardiac arrhythmia, unspecified	I49.9	Cardiac arrhythmia, unspecified	R
ST elevation (STEMI) myocardial infarction of anterior wall	I21.0	ST elevation (STEMI) myocardial infarction of anterior wall	R
ST elevation (STEMI) myocardial infarction of inferior wall	I21.1	ST elevation (STEMI) myocardial infarction of inferior wall	R
ST elevation (STEMI) myocardial infarction of other sites	I21.2	ST elevation (STEMI) myocardial infarction of other sites	R
Cardiac tamponade	I31.4	Cardiac tamponade	R
Other chest pain	R07.89	Other chest pain	R
Congenital malformation, unspecified	Q89.9	Congenital malformation, unspecified	R
Cellulitis, unspecified	L03.90	Cellulitis, unspecified	R
Dehydration	E86.0	Dehydration	R
Disorder of teeth and supporting structures, unspecified	K08.9	Disorder of teeth and supporting structures, unspecified	R
Other specified diabetes mellitus with hyperglycemia	E13.65	Other specified diabetes mellitus with hyperglycemia	R
Other specified diabetes mellitus with hypoglycemia	E13.64	Other specified diabetes mellitus with hypoglycemia	R
Diarrhea, unspecified	R19.7	Diarrhea, unspecified	R
Disruption of wound, unspecified	T81.30	Disruption of wound, unspecified	R
Unspecified effects of drowning and nonfatal submersion	T75.1	Unspecified effects of drowning and nonfatal submersion	R
Poisoning by, adverse effect of and underdosing of other and unspecified psychodysleptics [hallucinogens]	T40.9	Poisoning by, adverse effect of and underdosing of other and unspecified psychodysleptics [hallucinogens]	R
Poisoning by heroin, accidental (unintentional), initial encounter	T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter	R
Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter	T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter	R
Poisoning by other opioids, accidental (unintentional), initial encounter	T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter	R
Other psychoactive substance abuse with intoxication, unspecified	F19.129	Other psychoactive substance abuse with intoxication, unspecified	R
Poisoning by unspecified psychostimulants, accidental (unintentional)	T43.601	Poisoning by unspecified psychostimulants, accidental (unintentional)	R
Poisoning by cocaine, accidental (unintentional), initial encounter	T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter	R
Drug induced acute dystonia	G24.02	Drug induced acute dystonia	R
Toxic effect of contact with venomous animals and plants	T63	Toxic effect of contact with venomous animals and plants	R
Electrocution	T75.4	Electrocution	R
Acute embolism and thrombosis of unspecified vein	I82.90	Acute embolism and thrombosis of unspecified vein	R
Epistaxis	R04.0	Epistaxis	R
Disorientation, unspecified	R41.0	Disorientation, unspecified	R
Fever, unspecified	R50.9	Fever, unspecified	R
Foreign body in respiratory tract, part unspecified	T17.9	Foreign body in respiratory tract, part unspecified	R
Foreign body in ear	T16	Foreign body in ear	R
Foreign body in nostril	T17.1	Foreign body in nostril	R
Foreign body on external eye	T15	Foreign body on external eye	R
Foreign body of alimentary tract, part unspecified	T18.9	Foreign body of alimentary tract, part unspecified	R
Retained foreign body fragments	Z18	Retained foreign body fragments	R
Foreign body in genitourinary tract, part unspecified	T19.9	Foreign body in genitourinary tract, part unspecified	R
Frostbite with tissue necrosis of unspecified	T34.90	Frostbite with tissue necrosis of unspecified sites	R

sites			
Gastrointestinal hemorrhage, unspecified	K92.2	Gastrointestinal hemorrhage, unspecified	R
Infectious gastroenteritis and colitis, unspecified	A09	Infectious gastroenteritis and colitis, unspecified	R
Hematuria	R31	Hematuria	R
Calculus of kidney	N20.0	Calculus of kidney	R
Disorder of urinary system, unspecified	N39.9	Disorder of urinary system, unspecified	R
Female pelvic inflammatory disease, unspecified	N73.9	Female pelvic inflammatory disease, unspecified	R
Unspecified sexually transmitted disease	A64	Unspecified sexually transmitted disease	R
Other specified urinary incontinence	N39.4	Other specified urinary incontinence	R
Urinary tract infection, site not specified	N39.0	Urinary tract infection, site not specified	R
Other malaise	R53.81	Other malaise	R
Heatstroke and sunstroke	T67.0	Heatstroke and sunstroke	R
Hemothorax	J94.2	Hemothorax	R
Essential (primary) hypertension	I10	Essential (primary) hypertension	R
Hyperthermia, Single	6A3Z0ZZ	Hyperthermia, Single	R
Hypotension, unspecified	I95.9	Hypotension, unspecified	R
Hypothermia	T68	Hypothermia	R
Encounter for adjustment and management of other implanted devices	Z45.89	Encounter for adjustment and management of other implanted devices	R
Unspecified infectious disease	B99.9	Unspecified infectious disease	R
Influenza due to unidentified influenza virus	J11	Influenza due to unidentified influenza virus	R
Inhalant abuse	F18.1	Inhalant abuse	R
Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	R
Toxic effect of carbon monoxide	T58	Toxic effect of carbon monoxide	R
Toxic effect of smoke	T59.81	Toxic effect of smoke	R
Metabolic disorder, unspecified	E88.9	Metabolic disorder, unspecified	R
Nausea and vomiting	R11	Nausea and vomiting	R
Other disorders of nervous system	G98.8	Other disorders of nervous system	R
Encounter for general adult medical examination without abnormal findings	Z00.00	Encounter for general adult medical examination without abnormal findings	R
Person with feared health complaint in whom no diagnosis is made	Z71.1	Person with feared health complaint in whom no diagnosis is made	R
Encounter for routine child health examination without abnormal findings	Z00.129	Encounter for routine child health examination without abnormal findings	R
Eclampsia, unspecified as to time period	O15.9	Eclampsia, unspecified as to time period	R
Other complications of labor and delivery, not elsewhere classified	O75	Other complications of labor and delivery, not elsewhere classified	R
Encounter for full-term uncomplicated delivery	O80	Encounter for full-term uncomplicated delivery	R
Preterm labor with preterm delivery	O60.1	Preterm labor with preterm delivery	R
Meconium aspiration	P24.0	Meconium aspiration	R
Newborn (suspected to be) affected by maternal complications of pregnancy	P01	Newborn (suspected to be) affected by maternal complications of pregnancy	R
Preterm labor without delivery	O60.0	Preterm labor without delivery	R
Spontaneous abortion	O03	Spontaneous abortion	R
Postpartum hemorrhage	O72	Postpartum hemorrhage	R
Stillbirth	P95	Stillbirth	R
Injury, poisoning and certain other consequences of external causes complicating pregnancy	O9A.21	Injury, poisoning and certain other consequences of external causes complicating pregnancy	R
Pregnancy related conditions, unspecified	O26.9	Pregnancy related conditions, unspecified	R
Vomiting of pregnancy, unspecified	O21.9	Vomiting of pregnancy, unspecified	R
Obesity, unspecified	E66.9	Obesity, unspecified	R
Ill-defined and unknown cause of mortality	R99	Ill-defined and unknown cause of mortality	R
Weakness	R53.1	Weakness	R
Chronic pain, not elsewhere classified	G89.2	Chronic pain, not elsewhere classified	R

Ocular pain, unspecified eye	H57.10	Ocular pain, unspecified eye	R
Headache	R51	Headache	R
Pain in arm, unspecified	M79.603	Pain in arm, unspecified	R
Pain in leg, unspecified	M79.606	Pain in leg, unspecified	R
Acute pain, not elsewhere classified	G89.1	Acute pain, not elsewhere classified	R
Pneumothorax, unspecified	J93.9	Pneumothorax, unspecified	R
Poisoning by, adverse effect of and underdosing of other drugs, medicaments and biological substances	T50.99	Poisoning by, adverse effect of and underdosing of other drugs, medicaments and biological substances	R
Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter	T60.0X4A	Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter	R
Other contact with and (suspected) exposures hazardous to health	Z77.9	Other contact with and (suspected) exposures hazardous to health	R
Mental disorder, not otherwise specified	F99	Mental disorder, not otherwise specified	R
Pulmonary embolism	I26	Pulmonary embolism	R
Respiratory arrest	R09.2	Respiratory arrest	R
Unspecified asthma with (acute) exacerbation	J45.901	Unspecified asthma with (acute) exacerbation	R
Chronic obstructive pulmonary disease with (acute) exacerbation	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	R
Respiratory syncytial virus as the cause of diseases classified elsewhere	B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere	R
SARS-associated coronavirus as the cause of diseases classified elsewhere	B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere	R
Acute upper respiratory infection, unspecified	J06.9	Acute upper respiratory infection, unspecified	R
Unspecified acute lower respiratory infection	J22	Unspecified acute lower respiratory infection	R
Respiratory disorder, unspecified	J98.9	Respiratory disorder, unspecified	R
Epilepsy, unspecified, not intractable, without status epilepticus	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	R
Epilepsy, unspecified, not intractable, with status epilepticus	G40.901	Epilepsy, unspecified, not intractable, with status epilepticus	R
Sepsis, unspecified organism	A41.9	Sepsis, unspecified organism	R
Sexual abuse, suspected	T76.2	Sexual abuse, suspected	R
Cardiogenic shock	R57.0	Cardiogenic shock	R
Hypovolemic shock	R57.1	Hypovolemic shock	R
Traumatic shock	T79.4	Traumatic shock	R
Shock, unspecified	R57.9	Shock, unspecified	R
Hb-SS disease with crisis	D57.0	Hb-SS disease with crisis	R
Cerebral infarction, unspecified	I63.9	Cerebral infarction, unspecified	R
Asphyxiation due to unspecified cause	T71.9	Asphyxiation due to unspecified cause	R
Suicide attempt	T14.91	Suicide attempt	R
Sunburn of first degree	L55.0	Sunburn of first degree	R
Syncope and collapse	R55	Syncope and collapse	R
Transient cerebral ischemic attack, unspecified	G45.9	Transient cerebral ischemic attack, unspecified	R
Concussion with loss of consciousness of unspecified duration, initial encounter	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter	R
Concussion without loss of consciousness, initial encounter	S06.0X0A	Concussion without loss of consciousness, initial encounter	R
Unspecified intracranial injury	S06.9	Unspecified intracranial injury	R
Unspecified injury of cervical spinal cord	S14.10	Unspecified injury of cervical spinal cord	R
Unspecified injury at unspecified level of thoracic spinal cord	S24.109	Unspecified injury at unspecified level of thoracic spinal cord	R
Unspecified injury of lower back	S39.92	Unspecified injury of lower back	R
Unspecified injury of head	S09.90	Unspecified injury of head	R
Unspecified injury of face	S09.93	Unspecified injury of face	R
Unspecified injury of ear	S09.91	Unspecified injury of ear	R
Injury of eye and orbit	S05	Injury of eye and orbit	R

Unspecified injury of nose	S09.92	Unspecified injury of nose	R
Unspecified injury of neck	S19.9	Unspecified injury of neck	R
Unspecified injury of thorax	S29.9	Unspecified injury of thorax	R
Traumatic pneumothorax	S27.0	Traumatic pneumothorax	R
Unspecified injury of shoulder and upper arm	S49.9	Unspecified injury of shoulder and upper arm	R
Unspecified injury of elbow	S59.90	Unspecified injury of elbow	R
Unspecified injury of forearm	S59.91	Unspecified injury of forearm	R
Unspecified injury of wrist, hand and finger(s)	S69.9	Unspecified injury of wrist, hand and finger(s)	R
Unspecified injury of abdomen	S39.91	Unspecified injury of abdomen	R
Obstetric trauma, unspecified	O71.9	Obstetric trauma, unspecified	R
Unspecified injury of pelvis	S39.93	Unspecified injury of pelvis	R
Unspecified injury of external genitals	S39.94	Unspecified injury of external genitals	R
Unspecified injury of hip	S79.91	Unspecified injury of hip	R
Unspecified injury of thigh	S79.92	Unspecified injury of thigh	R
Unspecified superficial injury of knee	S80.91	Unspecified superficial injury of knee	R
Unspecified injury of lower leg	S89.9	Unspecified injury of lower leg	R
Unspecified injury of ankle	S99.91	Unspecified injury of ankle	R
Unspecified injury of foot	S99.92	Unspecified injury of foot	R
Pathological dislocation of shoulder, not elsewhere classified	M24.31	Pathological dislocation of shoulder, not elsewhere classified	R
Pathological dislocation of hip, not elsewhere classified	M24.35	Pathological dislocation of hip, not elsewhere classified	R
Pathological dislocation of knee, not elsewhere classified	M24.36	Pathological dislocation of knee, not elsewhere classified	R
Pathological dislocation of unspecified joint, not elsewhere classified	M24.30	Pathological dislocation of unspecified joint, not elsewhere classified	R
Abnormal uterine and vaginal bleeding, unspecified	N93.9	Abnormal uterine and vaginal bleeding, unspecified	R
Unspecified visual disturbance	H53.9	Unspecified visual disturbance	R
Coma	R40.2	Coma	R
Other peripheral vertigo	H81.3	Other peripheral vertigo	R
Encounter for examination and observation for other specified reasons	Z04.8	Encounter for examination and observation for other specified reasons	R

Comments

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

ICD-10-CM
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
109	Providers primary impression is a required field when arrived at patient is not blank	15	National	Error
1038	If your diagnosis includes suicide you must enter the type of self-harm under mechanism of injury	10	State	Warning

eSituation.12 – Provider's Secondary Impressions

Definition

The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Location in Runform

Section	Assessment	Panel	Working Diagnosis
Section	Drop Off Form	Panel	Working Diagnosis

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255
Pattern	(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,4})?)				

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Acute abdomen	R10.0	Acute abdomen	R
Unspecified adrenocortical insufficiency	E27.40	Unspecified adrenocortical insufficiency	R
Acute obstructive laryngitis [croup]	J05.0	Acute obstructive laryngitis [croup]	R
Acute epiglottitis	J05.1	Acute epiglottitis	R
Alcohol related disorders	F10	Alcohol related disorders	R
Allergy, unspecified	T78.40	Allergy, unspecified	R
Altered mental status, unspecified	R41.82	Altered mental status, unspecified	R
Anaphylactic shock, unspecified	T78.2	Anaphylactic shock, unspecified	R
Reaction to severe stress, unspecified	F43.9	Reaction to severe stress, unspecified	R
Apparent life threatening event in infant (ALTE)	R68.13	Apparent life threatening event in infant (ALTE)	R
Dorsalgia, unspecified	M54.9	Dorsalgia, unspecified	R
Burn of unspecified body region, unspecified degree	T30.0	Burn of unspecified body region, unspecified degree	R
Neoplasms of unspecified behavior	D49	Neoplasms of unspecified behavior	R
Cardiac arrest, cause unspecified	I46.9	Cardiac arrest, cause unspecified	R
Unstable angina	I20.0	Unstable angina	R

Heart failure, unspecified	I50.9	Heart failure, unspecified	R
Non-ST elevation (NSTEMI) myocardial infarction	I21.4	Non-ST elevation (NSTEMI) myocardial infarction	R
Cardiac arrhythmia, unspecified	I49.9	Cardiac arrhythmia, unspecified	R
ST elevation (STEMI) myocardial infarction of anterior wall	I21.0	ST elevation (STEMI) myocardial infarction of anterior wall	R
ST elevation (STEMI) myocardial infarction of inferior wall	I21.1	ST elevation (STEMI) myocardial infarction of inferior wall	R
ST elevation (STEMI) myocardial infarction of other sites	I21.2	ST elevation (STEMI) myocardial infarction of other sites	R
Cardiac tamponade	I31.4	Cardiac tamponade	R
Other chest pain	R07.89	Other chest pain	R
Congenital malformation, unspecified	Q89.9	Congenital malformation, unspecified	R
Cellulitis, unspecified	L03.90	Cellulitis, unspecified	R
Dehydration	E86.0	Dehydration	R
Disorder of teeth and supporting structures, unspecified	K08.9	Disorder of teeth and supporting structures, unspecified	R
Other specified diabetes mellitus with hyperglycemia	E13.65	Other specified diabetes mellitus with hyperglycemia	R
Other specified diabetes mellitus with hypoglycemia	E13.64	Other specified diabetes mellitus with hypoglycemia	R
Diarrhea, unspecified	R19.7	Diarrhea, unspecified	R
Disruption of wound, unspecified	T81.30	Disruption of wound, unspecified	R
Unspecified effects of drowning and nonfatal submersion	T75.1	Unspecified effects of drowning and nonfatal submersion	R
Poisoning by, adverse effect of and underdosing of other and unspecified psychodysleptics [hallucinogens]	T40.9	Poisoning by, adverse effect of and underdosing of other and unspecified psychodysleptics [hallucinogens]	R
Poisoning by heroin, accidental (unintentional), initial encounter	T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter	R
Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter	T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter	R
Poisoning by other opioids, accidental (unintentional), initial encounter	T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter	R
Other psychoactive substance abuse with intoxication, unspecified	F19.129	Other psychoactive substance abuse with intoxication, unspecified	R
Poisoning by unspecified psychostimulants, accidental (unintentional)	T43.601	Poisoning by unspecified psychostimulants, accidental (unintentional)	R
Poisoning by cocaine, accidental (unintentional), initial encounter	T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter	R
Drug induced acute dystonia	G24.02	Drug induced acute dystonia	R
Toxic effect of contact with venomous animals and plants	T63	Toxic effect of contact with venomous animals and plants	R
Electrocution	T75.4	Electrocution	R
Acute embolism and thrombosis of unspecified vein	I82.90	Acute embolism and thrombosis of unspecified vein	R
Epistaxis	R04.0	Epistaxis	R
Disorientation, unspecified	R41.0	Disorientation, unspecified	R
Fever, unspecified	R50.9	Fever, unspecified	R
Foreign body in respiratory tract, part unspecified	T17.9	Foreign body in respiratory tract, part unspecified	R
Foreign body in ear	T16	Foreign body in ear	R
Foreign body in nostril	T17.1	Foreign body in nostril	R
Foreign body on external eye	T15	Foreign body on external eye	R
Foreign body of alimentary tract, part unspecified	T18.9	Foreign body of alimentary tract, part unspecified	R
Retained foreign body fragments	Z18	Retained foreign body fragments	R
Foreign body in genitourinary tract, part unspecified	T19.9	Foreign body in genitourinary tract, part unspecified	R

Frostbite with tissue necrosis of unspecified sites	T34.90	Frostbite with tissue necrosis of unspecified sites	R
Gastrointestinal hemorrhage, unspecified	K92.2	Gastrointestinal hemorrhage, unspecified	R
Infectious gastroenteritis and colitis, unspecified	A09	Infectious gastroenteritis and colitis, unspecified	R
Hematuria	R31	Hematuria	R
Calculus of kidney	N20.0	Calculus of kidney	R
Disorder of urinary system, unspecified	N39.9	Disorder of urinary system, unspecified	R
Female pelvic inflammatory disease, unspecified	N73.9	Female pelvic inflammatory disease, unspecified	R
Unspecified sexually transmitted disease	A64	Unspecified sexually transmitted disease	R
Other specified urinary incontinence	N39.4	Other specified urinary incontinence	R
Urinary tract infection, site not specified	N39.0	Urinary tract infection, site not specified	R
Other malaise	R53.81	Other malaise	R
Heatstroke and sunstroke	T67.0	Heatstroke and sunstroke	R
Hemothorax	J94.2	Hemothorax	R
Essential (primary) hypertension	I10	Essential (primary) hypertension	R
Hyperthermia, Single	6A3Z0ZZ	Hyperthermia, Single	R
Hypotension, unspecified	I95.9	Hypotension, unspecified	R
Hypothermia	T68	Hypothermia	R
Encounter for adjustment and management of other implanted devices	Z45.89	Encounter for adjustment and management of other implanted devices	R
Unspecified infectious disease	B99.9	Unspecified infectious disease	R
Influenza due to unidentified influenza virus	J11	Influenza due to unidentified influenza virus	R
Inhalant abuse	F18.1	Inhalant abuse	R
Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	J68	Respiratory conditions due to inhalation of chemicals, gases, fumes and vapors	R
Toxic effect of carbon monoxide	T58	Toxic effect of carbon monoxide	R
Toxic effect of smoke	T59.81	Toxic effect of smoke	R
Metabolic disorder, unspecified	E88.9	Metabolic disorder, unspecified	R
Nausea and vomiting	R11	Nausea and vomiting	R
Other disorders of nervous system	G98.8	Other disorders of nervous system	R
Encounter for general adult medical examination without abnormal findings	Z00.00	Encounter for general adult medical examination without abnormal findings	R
Person with feared health complaint in whom no diagnosis is made	Z71.1	Person with feared health complaint in whom no diagnosis is made	R
Encounter for routine child health examination without abnormal findings	Z00.129	Encounter for routine child health examination without abnormal findings	R
Eclampsia, unspecified as to time period	O15.9	Eclampsia, unspecified as to time period	R
Other complications of labor and delivery, not elsewhere classified	O75	Other complications of labor and delivery, not elsewhere classified	R
Encounter for full-term uncomplicated delivery	O80	Encounter for full-term uncomplicated delivery	R
Preterm labor with preterm delivery	O60.1	Preterm labor with preterm delivery	R
Meconium aspiration	P24.0	Meconium aspiration	R
Newborn (suspected to be) affected by maternal complications of pregnancy	P01	Newborn (suspected to be) affected by maternal complications of pregnancy	R
Preterm labor without delivery	O60.0	Preterm labor without delivery	R
Spontaneous abortion	O03	Spontaneous abortion	R
Postpartum hemorrhage	O72	Postpartum hemorrhage	R
Stillbirth	P95	Stillbirth	R
Injury, poisoning and certain other consequences of external causes complicating pregnancy	O9A.21	Injury, poisoning and certain other consequences of external causes complicating pregnancy	R
Pregnancy related conditions, unspecified	O26.9	Pregnancy related conditions, unspecified	R
Vomiting of pregnancy, unspecified	O21.9	Vomiting of pregnancy, unspecified	R
Obesity, unspecified	E66.9	Obesity, unspecified	R
Ill-defined and unknown cause of mortality	R99	Ill-defined and unknown cause of mortality	R
Weakness	R53.1	Weakness	R

Chronic pain, not elsewhere classified	G89.2	Chronic pain, not elsewhere classified	R
Ocular pain, unspecified eye	H57.10	Ocular pain, unspecified eye	R
Headache	R51	Headache	R
Pain in arm, unspecified	M79.603	Pain in arm, unspecified	R
Pain in leg, unspecified	M79.606	Pain in leg, unspecified	R
Acute pain, not elsewhere classified	G89.1	Acute pain, not elsewhere classified	R
Pneumothorax, unspecified	J93.9	Pneumothorax, unspecified	R
Poisoning by, adverse effect of and underdosing of other drugs, medicaments and biological substances	T50.99	Poisoning by, adverse effect of and underdosing of other drugs, medicaments and biological substances	R
Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter	T60.0X4A	Toxic effect of organophosphate and carbamate insecticides, undetermined, initial encounter	R
Other contact with and (suspected) exposures hazardous to health	Z77.9	Other contact with and (suspected) exposures hazardous to health	R
Mental disorder, not otherwise specified	F99	Mental disorder, not otherwise specified	R
Pulmonary embolism	I26	Pulmonary embolism	R
Respiratory arrest	R09.2	Respiratory arrest	R
Unspecified asthma with (acute) exacerbation	J45.901	Unspecified asthma with (acute) exacerbation	R
Chronic obstructive pulmonary disease with (acute) exacerbation	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation	R
Respiratory syncytial virus as the cause of diseases classified elsewhere	B97.4	Respiratory syncytial virus as the cause of diseases classified elsewhere	R
SARS-associated coronavirus as the cause of diseases classified elsewhere	B97.21	SARS-associated coronavirus as the cause of diseases classified elsewhere	R
Acute upper respiratory infection, unspecified	J06.9	Acute upper respiratory infection, unspecified	R
Unspecified acute lower respiratory infection	J22	Unspecified acute lower respiratory infection	R
Respiratory disorder, unspecified	J98.9	Respiratory disorder, unspecified	R
Epilepsy, unspecified, not intractable, without status epilepticus	G40.909	Epilepsy, unspecified, not intractable, without status epilepticus	R
Epilepsy, unspecified, not intractable, with status epilepticus	G40.901	Epilepsy, unspecified, not intractable, with status epilepticus	R
Sepsis, unspecified organism	A41.9	Sepsis, unspecified organism	R
Sexual abuse, suspected	T76.2	Sexual abuse, suspected	R
Cardiogenic shock	R57.0	Cardiogenic shock	R
Hypovolemic shock	R57.1	Hypovolemic shock	R
Traumatic shock	T79.4	Traumatic shock	R
Shock, unspecified	R57.9	Shock, unspecified	R
Hb-SS disease with crisis	D57.0	Hb-SS disease with crisis	R
Cerebral infarction, unspecified	I63.9	Cerebral infarction, unspecified	R
Asphyxiation due to unspecified cause	T71.9	Asphyxiation due to unspecified cause	R
Suicide attempt	T14.91	Suicide attempt	R
Sunburn of first degree	L55.0	Sunburn of first degree	R
Syncope and collapse	R55	Syncope and collapse	R
Transient cerebral ischemic attack, unspecified	G45.9	Transient cerebral ischemic attack, unspecified	R
Concussion with loss of consciousness of unspecified duration, initial encounter	S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter	R
Concussion without loss of consciousness, initial encounter	S06.0X0A	Concussion without loss of consciousness, initial encounter	R
Unspecified intracranial injury	S06.9	Unspecified intracranial injury	R
Unspecified injury of cervical spinal cord	S14.10	Unspecified injury of cervical spinal cord	R
Unspecified injury at unspecified level of thoracic spinal cord	S24.109	Unspecified injury at unspecified level of thoracic spinal cord	R
Unspecified injury of lower back	S39.92	Unspecified injury of lower back	R
Unspecified injury of head	S09.90	Unspecified injury of head	R
Unspecified injury of face	S09.93	Unspecified injury of face	R
Unspecified injury of ear	S09.91	Unspecified injury of ear	R

Injury of eye and orbit	S05	Injury of eye and orbit	R
Unspecified injury of nose	S09.92	Unspecified injury of nose	R
Unspecified injury of neck	S19.9	Unspecified injury of neck	R
Unspecified injury of thorax	S29.9	Unspecified injury of thorax	R
Traumatic pneumothorax	S27.0	Traumatic pneumothorax	R
Unspecified injury of shoulder and upper arm	S49.9	Unspecified injury of shoulder and upper arm	R
Unspecified injury of elbow	S59.90	Unspecified injury of elbow	R
Unspecified injury of forearm	S59.91	Unspecified injury of forearm	R
Unspecified injury of wrist, hand and finger(s)	S69.9	Unspecified injury of wrist, hand and finger(s)	R
Unspecified injury of abdomen	S39.91	Unspecified injury of abdomen	R
Obstetric trauma, unspecified	O71.9	Obstetric trauma, unspecified	R
Unspecified injury of pelvis	S39.93	Unspecified injury of pelvis	R
Unspecified injury of external genitals	S39.94	Unspecified injury of external genitals	R
Unspecified injury of hip	S79.91	Unspecified injury of hip	R
Unspecified injury of thigh	S79.92	Unspecified injury of thigh	R
Unspecified superficial injury of knee	S80.91	Unspecified superficial injury of knee	R
Unspecified injury of lower leg	S89.9	Unspecified injury of lower leg	R
Unspecified injury of ankle	S99.91	Unspecified injury of ankle	R
Unspecified injury of foot	S99.92	Unspecified injury of foot	R
Pathological dislocation of shoulder, not elsewhere classified	M24.31	Pathological dislocation of shoulder, not elsewhere classified	R
Pathological dislocation of hip, not elsewhere classified	M24.35	Pathological dislocation of hip, not elsewhere classified	R
Pathological dislocation of knee, not elsewhere classified	M24.36	Pathological dislocation of knee, not elsewhere classified	R
Pathological dislocation of unspecified joint, not elsewhere classified	M24.30	Pathological dislocation of unspecified joint, not elsewhere classified	R
Abnormal uterine and vaginal bleeding, unspecified	N93.9	Abnormal uterine and vaginal bleeding, unspecified	R
Unspecified visual disturbance	H53.9	Unspecified visual disturbance	R
Coma	R40.2	Coma	R
Other peripheral vertigo	H81.3	Other peripheral vertigo	R
Encounter for examination and observation for other specified reasons	Z04.8	Encounter for examination and observation for other specified reasons	R

Comments

Code list is represented in ICD-10-CM. Reference the NEMSIS Suggested Lists at: http://nemsis.org/v3/resources.html

ICD-10-CM
Website - http://uts.nlm.nih.gov
Product - UMLS Metathesaurus

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
35	Providers Secondary Impressions must be blank when Providers Primary Impression is blank.	10	National	Warning

eSituation.13 – Initial Patient Acuity

Definition
The acuity of the patient's condition upon EMS arrival at the scene.

Location in Runform

Section	Assessment	Panel	Working Diagnosis

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	Yes

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Status 1 Critical	2813001	Critical (Red)	R
Status 2 Emergent	2813003	Emergent (Yellow)	R
Status 3 Lower Acuity	2813005	Lower Acuity (Green)	R
Status 4 Non-Acute	it2813.103	Non-Acute	R
Dead without Resuscitation Efforts (Black)	2813007	Dead without Resuscitation Efforts (Black)	R

Comments
Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at
http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf

Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
111	Initial Patient Acuity is a required field when Arrived at Patient is not blank	10	National	Warning

eSituation.14 – Work-Related Illness/Injury

Definition

Indication of whether or not the illness or injury is work related

Location in Runform

Section	Scene/Situation	Panel	Situation

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No	9922001	No	R
Yes	9922005	No	R
Unknown	9922003	Unknown	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
201	Was this a work related Illness or Injury	5	State	Warning

eSituation.18 – Date/Time Last Known Well

Definition

The estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

Location in Runform

Section	Assessment	Panel	Stroke
Section	Drop Off Form	Panel	Stroke

State Requirements

NH State Usage	Qualified Requirement	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. For injury or trauma related events, this is the date and time the patient was injured.

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
527	If you have a stroke diagnosis you must enter the Last Known Well Time	10	State	Warning

eTimes.01 – PSAP Call Date/Time

Definition
The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

Location in Runform			
Section	Times	Panel	N/A

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints					
Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

eTimes.02 – Dispatch Notified Date/Time

Definition
The date/time dispatch was notified by the 911 call taker (if separate entity)

Location in Runform			
Section	Times	Panel	N/A

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
2	Dispatch Notified is prior to 911 Notified Time or after all other times	10	National	Warning

eTimes.03 – Unit Notified by Dispatch Date/Time

Definition
The date/time the responding unit was notified by dispatch.

Location in Runform			
Section	Times	Panel	N/A

State Requirements			
NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements					
National Element	Yes	Mandatory		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
3	Unit Dispatched is before 911 or Dispatch notified times or after any other time.	10	National	Warning
84	Unit Notified by Dispatch Time is a mandatory field.	30	National	Error
756	The year of the date/time is in a future year. Please check your date.	30	National	Error
757	The dispatched date/time entered for this call is before the system started being used. Please check your times.	30	State	Error
758	The dispatched date/time entered for this call is before the system started being used. Please check your times.	30	State	Error
795	Unit Dispatched time is before Time 911 Called.	10	National	Warning
797	Unit Notified time is before Unit Dispatched	10	National	Warning
798	Unit Dispatched time is after Unit En Route	10	National	Warning
799	Unit Dispatched time is after Unit Arrived on Scene	10	National	Warning
800	Unit Dispatched time is after Arrived at Patient	10	National	Warning
801	Unit Dispatched time is after Unit left Scene	10	National	Warning
802	Unit Dispatched time is after Patient Arrived at Destination	10	National	Warning
803	Unit Dispatched time is after Transfer of Patient Care at Destination	10	National	Warning
804	Unit Dispatched time is after Unit Back in Service	10	National	Warning
805	Unit Dispatched time is after Unit Canceled.	10	National	Warning
806	Unit Dispatched time is after Unit Back at Home.	10	National	Warning

| 1074 | You must enter a Unit Dispatched time for today to post. You can correct the time later when finishing the report | 0 | National | No |

eTimes.05 – Unit En Route Date/Time

Definition
The date/time the unit responded; that is, the time the vehicle started moving.

Location in Runform
Section	Times	Panel	N/A

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
5	Unit En Route appears to be out of sequence with other recorded date/time value(s)	10	National	Warning
91	Unit En Route Time is a required field when Unit Arrived on Scene is not blank.	10	National	Warning
759	There is more than 24 hours between Unit Dispatched and En Route date/times please check your times.	25	State	Error

eTimes.06 – Unit Arrived on Scene Date/Time

Definition

The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.

Location in Runform

Section	Times	Panel	N/A

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type		minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
760	There is more than 24 hours between Unit Dispatched and Arrived on Scene date/times. Please check your times.	25	State	Error
807	Unit Dispatched time is after Call Completed (Service Defined)	10	National	Warning
808	Unit Arrived on Scene (Response/Transport Unit) before PSAP Call	10	National	Warning
809	Unit Arrived on Scene (Response/Transport Unit) before Dispatched.	10	National	Warning
810	Unit Arrived on Scene (Response/Transport Unit) before En Route.	10	National	Warning
811	Unit Arrived on Scene (Response/Transport Unit) before En Route.	10	National	Warning
812	Unit Arrived on Scene after Unit Left Scene	10	National	Warning
813	Unit Arrived on Scene (Response/Transport Unit) after Transfer of Patient Care at Destination	10	National	Warning
814	Unit Arrived on Scene after Unit Back in Service	10	National	Warning
815	Unit Arrived on Scene (Response/Transport Unit) after Unit Canceled.	10	National	Warning

816	Unit Arrived on Scene (Response/Transport Unit) after Unit Back at Home.	10	National	Warning

eTimes.07 – Arrived at Patient Date/Time

Definition
The date/time the responding unit arrived at the patient's side.

Location in Runform
Section	Times	Panel	N/A

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
7	Arrived at Patient appears to be out of sequence with other recorded date/time value(s).	10	National	Warning
778	Arrived at patient time is required with patient contact.	10	National	Warning
838	Arrived at patient time is before 911 notified. Please fix your time.	10	National	Warning
839	Arrived at patient time is before dispatch notified. Please fix your time.	10	National	Warning
840	Arrived at patient time is before Unit Dispatched. Please fix your time.	10	National	Warning
841	Arrived at patient time is before Unit En Route. Please fix your time.	15	National	Warning
842	Arrived at patient time is before the transporting unit arrived on scene. Please fix your time.	15	National	Warning
843	Arrived at patient time is before this agencies first responders and transporting units arrived. Please fix your time.	15	National	Warning

eTimes.09 – Unit Left Scene Date/Time

Definition

The date/time the responding unit left the scene with a patient (started moving).

Location in Runform

Section	Times	Panel	N/A

State Requirements

NH State Usage	Requried	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
9	Unit Left Scene appears to be out of sequence with other recorded date/time value(s).	10	National	Warning
93	Unit Left Scene Time is a required field when Patient Arrived at Destination is not blank.	10	National	Warning
761	There is more than 24 hours between Unit Dispatched and Left Scene date/times please check your times.	25	State	Error

eTimes.11 – Patient Arrived at Destination Date/Time

Definition

The date/time the responding unit arrived with the patient at the destination or transfer point.

Location in Runform

Section	Times	Panel	N/A

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
11	Patient Arrived at Destination appears to be out of sequence with other recorded date/time value(s).	10	National	Warning
94	Patient Arrived at Destination Time is a required field when Destination Name is not blank.	10	National	Warning

eTimes.12 - Destination Patient Transfer of Care Date/Time

Definition
The date/time that patient care was transferred to the destination healthcare facilities staff.

Location in Runform
Section	Times	Panel	N/A

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
538	Date/Time of Medication is after arrival at the destination and transfer of care is blank. Enter a transfer of care at destination time or fix the medication time.	10	National	Warning
837	No time was entered for transfer of care at destination and treatment occurred after destination arrival or delays occurred.	10	National	Warning

eTimes.13 – Unit Back in Service Date/Time

Definition
The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).

Location in Runform			
Section	Times	Panel	N/A

State Requirements			
NH State Usage	Mandatory	Custom Element	No
State Schematron	Error	Custom Values	No

National Requirements				
National Element	Yes	Mandatory	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Constraints					
Data Type	dateTime	**minInclusive**	1950-01-01T00:00:00-00:00	**maxInclusive**	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
13	Unit Back in Service appears to be out of sequence with other recorded date/time value(s).	10	National	Warning
85	Unit Back in Service Time is a mandatory field.	25	National	Error

eTimes.14 - Unit Canceled Date/Time

Definition

The date/time the unit was canceled.

Location in Runform

Section	Times	Panel	N/A

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
14	Unit Canceled appears to be out of sequence with other recorded date/time value(s).	10	National	Warning

eTimes.16 - EMS Call Completed Date/Time

Definition	
The date/time the responding unit completed all tasks associated with the event including transfer of the patient, and such things as cleaning and restocking.	

Location in Runform			
Section	Times	Panel	N/A

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Mo	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
171	EMS Call Completed appears to be out of sequence with other recorded date/time value(s).	20	National	Warning

eVitals.01 – Date/Time Vitals Signs Taken

Definition
The date/time vital signs were taken on the patient.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals
Section	Drop Off Form	Panel	Stroke

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	dateTime	minInclusive	1950-01-01T00:00:00-00:00	maxInclusive	2050-01-01T00:00:00-00:00
Pattern	[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}				

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
21	Date/Time of Vitals is before Arrived at Patient and Prior To Arrival is "No"	10	National	Warning
544	This Vitals time is after arrival at the destination. Enter a transfer of care time or fix the vitals time.	10	National	Warning
545	Date/Time of Vitals is after departure from the scene.	10	National	Warning
834	Vitals times entered are after transfer of patient care at destination.	10	National	Warning

eVitals.02 – Obtained Prior to this Unit's EMS Care

Definition
Indicates that the information which is documented was obtained prior to the documenting EMS units care.

Location in Runform			
Section	Vitals and Treatment	Panel	Vitals

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Required	Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-select		Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
No	9923001	No	R
Yes	9923003	Yes	R

Comments

eVitals.03 – Cardiac Rhythm/Electrocardiography (ECG)

Definition

The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801023 - Unable to Complete	8801019 - Refused	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Agonal/Idioventricular	9901001	Agonal/Idioventricular	R
Asystole	9901003	Asystole	R
Artifact	9901005	Artifact	R
Atrial Fibrillation	9901007	Atrial Fibrillation	R
Atrial Flutter	9901009	Atrial Flutter	R
AV Block-1st Degree	9901011	AV Block-1st Degree	R
AV Block-2nd Degree-Type 1	9901013	AV Block-2nd Degree-Type 1	R
AV Block-2nd Degree-Type 2	9901015	AV Block-2nd Degree-Type 2	R
AV Block-3rd Degree	9901017	AV Block-3rd Degree	R
Junctional	9901019	Junctional	R
Left Bundle Branch Block	9901021	Left Bundle Branch Block	R
Non-STEMI Anterior Ischemia	9901023	Non-STEMI Anterior Ischemia	R
Non-STEMI Inferior Ischemia	9901025	Non-STEMI Inferior Ischemia	R
Non-STEMI Lateral Ischemia	9901027	Non-STEMI Lateral Ischemia	R
Non-STEMI Posterior Ischemia	9901029	Non-STEMI Posterior Ischemia	R
Other	9901031	Other	R

Paced Rhythm	9901033	Paced Rhythm	R
PEA	9901035	PEA	R
Premature Atrial Contractions	9901037	Premature Atrial Contractions	R
Premature Ventricular Contractions	9901039	Premature Ventricular Contractions	R
Right Bundle Branch Block	9901041	Right Bundle Branch Block	R
Sinus Arrhythmia	9901043	Sinus Arrhythmia	R
Sinus Bradycardia	9901045	Sinus Bradycardia	R
Sinus Rhythm	9901047	Sinus Rhythm	R
Sinus Tachycardia	9901049	Sinus Tachycardia	R
STEMI Anterior Ischemia	9901051	STEMI Anterior Ischemia	R
STEMI Inferior Ischemia	9901053	STEMI Inferior Ischemia	R
STEMI Lateral Ischemia	9901055	STEMI Lateral Ischemia	R
STEMI Posterior Ischemia	9901057	STEMI Posterior Ischemia	R
Supraventricular Tachycardia	9901059	Supraventricular Tachycardia	R
Torsades De Points	9901061	Torsades De Points	R
Unknown AED Non-Shockable Rhythm	9901063	Unknown AED Non-Shockable Rhythm	R
Unknown AED Shockable Rhythm	9901065	Unknown AED Shockable Rhythm	R
Ventricular Fibrillation	9901067	Ventricular Fibrillation	R
Ventricular Tachycardia (With Pulse)	9901069	Ventricular Tachycardia (With Pulse)	R
Ventricular Tachycardia (Pulseless)	9901071	Ventricular Tachycardia (Pulseless)	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
498	There cannot be a rhythm of asystole and another rhythm at the same time	5	Logical	Warning

eVitals.04 – ECG Type

Definition
The type of ECG associated with the cardiac rhythm.

Location in Runform			
Section	Vitals and Treatment	Panel	Vitals

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
3 Lead	3304001	3 Lead	R
4 Lead	3304003	4 Lead	R
5 Lead	3304005	5 Lead	R
12 Lead-Left Sided (Normal)	3304007	12 Lead-Left Sided (Normal)	R
12 Lead-Right Sided	3304009	12 Lead-Right Sided	R
15 Lead	3304011	15 Lead	R
18 Lead	3304013	18 Lead	R
Other (AED, Not Listed)	3304015	Other (AED, Not Listed)	R

Comments

eVitals.05 - Method of ECG Interpretation

Definition

The method of ECG interpretation.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Computer interpretation	3305001	Computer Interpretation	R
Transmission With Interpretation	3305007	Transmission with Remote Interpretation	R
Manual Interpretation	3305003	Manual Interpretation	R
Transmission with No Interpretation	3305005	Transmission with No Interpretation	R

Comments

eVitals.06 – SBP (Systolic Blood Pressure)

Definition

The patient's systolic blood pressure

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present	8801023 - Unable to Complete	8801019 - Refused

Constraints

Data Type	integer	minLength	0	maxLength	500

Comments

Required for ACS-Field Triage and other patient scoring systems.

eVitals.07 – DBP (Diastolic Blood Pressure)

Definition

The patient's diastolic blood pressure.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present	8801019 - Refused	8801023 - Unable to Complete

Constraints

Pattern	[5][0][0]|[1-4][0-9][0-9]|[0]|[1-9][0-9]|P|p

Comments

Diastolic blood pressure pattern allows for the following values:
1) A number 0 through 500
2) P
3) p

eVitals.08 – Method of Blood Pressure Measurement

Definition
Indication of method of blood pressure measurement.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Defaulted NEMSIS Info	Panel	NEMSIS National Defaults

State Requirements

NH State Usage	Defaulted	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Automated NIBP	3308005	Cuff-Automated	R
Manual Auscultated	3308007	Cuff-Manual Auscultated	R
Manual Palpated	3308009	Cuff-Manual Palpated Only	R
Doppler	3308003	Doppler	R
Arterial Line	3308001	Arterial Line	R
Venous Line	3308011	Venous Line	R

Comments

eVitals.09 – Mean Arterial Pressure

Definition
The patient's mean arterial pressure.

Location in Runform			
Section	Vitals and Treatment	Panel	Vitals

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints					
Data Type	integer	minLength	1	maxLength	500

Comments

eVitals.10 – Heart Rate

Definition
The patient's heart rate expressed as a number per minute.

Location in Runform
Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present	8801019 - Refused	8801023 - Unable to Complete

Constraints
Data Type	integer	minLength	0	maxLength	500

Comments
Pulse Rate and Electronic Monitor Rate have been merged with an additional data element for Method of Heart Rate Measurement.

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
1028	At least one heart rate must be entered if there is a cardiac arrest	10	State	Warning

eVitals.12 – Pulse Oximetry

Definition
The patient's oxygen saturation.

Location in Runform
Section	Vitals and Treatment	Panel	Vitals

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Constraints
Data Type	integer	minLength	0	maxLength	100

Comments

eVitals.13 – Pulse Rhythm

Definition
The clinical rhythm of the patient's pulse.

Location in Runform			
Section	Vitals and Treatment	Panel	Vitals

State Requirements			
NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements				
National Element	Yes	Optional	Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single		Is Nillable (Can be Blank)	No

Code List			
Displayed Label	Code	Description (Data Base Name)	Req
Regular	3313003	Regular	R
Irregularly	3313001	Irregularly	R
Regularly Irregularly	3313005	Regularly Irregular	R

Comments

eVitals.14 – Respiratory Rate

Definition
The patient's respiratory rate expressed as a number per minute.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present	8801019 - Refused	8801023 - Unable to Complete

Constraints

Data Type	integer	minLength	0	maxLength	300

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
752	When administering Narcan, you must have an Initial & Final Respiratory Rate.	10	State	Warning

eVitals.15 – Respiratory Effort

Definition

The patient's respiratory effort.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Apneic	3315001	Apneic	R
Labored	3315003	Labored	R
Mechanically Assisted (BVM, CPAP, etc.)	3315005	Mechanically Assisted (BVM, CPAP, etc.)	R
Normal	3315007	Normal	R
Rapid	3315009	Rapid	R
Shallow	3315011	Shallow	R
Weak/Agonal	3315013	Weak/Agonal	R

Comments

eVitals.16 – End Tidal Carbon Dioxide (ETCO2)

Definition

The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO2) level measured as a unit of pressure in millimeters of mercury (mmHg).

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801005 – Exam Finding Not Present	8801019 - Refused	8801023 - Unable to Complete

Constraints

Data Type	integer	minLength	0	maxLength	200

Comments

eVitals.17 - Carbon Monoxide

Definition

The numeric value of the patient's carbon monoxide level measured as a percentage (%) of carboxyhemoglobin (COHb).

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Recommended	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Single	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Constraints

Data Type	decimal	minInclusive	0	maxInclusive	100	totalDigits	3	fractionDigits	1

Comments

eVitals.18 – Blood Glucose Level

Definition
The patient's blood glucose level

Location in Runform			
Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements			
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements					
National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes		
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Constraints					
Data Type	Integer	**minInclusive**	0	**maxInclusive**	2000

Comments

Validation/ Business Rules				
Rule	Description	Points	Level	Schematron
202	Blood glucose level is missing.	10	State	Warning
551	Blood glucose level is missing.	10	State	Warning

eVitals.19 – Glasgow Coma Score - Eye

Definition
The patient's Glasgow Coma Score Eye opening.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
4 OPEN SPONTANEOUSLY	4	Opens Eyes spontaneously (All Age Groups)	R
3 OPEN TO VERBAL COMMAND	3	Opens Eyes to verbal stimulation (All Age Groups)	R
2 OPEN IN RESPONSE TO PAIN	2	Opens Eyes to painful stimulation (All Age Groups)	R
1 NO RESPONSE	1	No eye movement when assessed (All Age Groups)	R

Comments
Definitions now based on the National Trauma Data Standard (NTDS).

eVitals.20 – Glasgow Coma Score - Verbal

Definition

The patient's Glasgow Coma Score Verbal.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
5 ORIENTED; (P<2) Smiles, orients to sounds, interacts	5	ORIENTED; (P<2) Smiles, orients to sounds, interacts	R
4 CONFUSED; (P<2) Cries but consolable, odd interaction	4	CONFUSED; (P<2) Cries but consolable, odd interaction	R
3 INAPPROPRIATE WORDS; (P<2) +/- consolable, moaning	3	INAPPROPRIATE WORDS; (P<2) +/- consolable, moaning	R
2 INCOMPRENSIBLE SOUNDS; (P<2) Inconsolable, agitated	2	INCOMPRENSIBLE SOUNDS; (P<2) Inconsolable, agitated	R
1 NO RESPONSE (All Age Groups)	1	NO RESPONSE (All Age Groups)	R

Comments

eVitals.21 – Glasgow Coma Score-Motor

Definition

The patient's Glasgow Coma Score Motor

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
6 OBEYS COMMANDS; (P<2) Moves Normal with Stimuli	6	OBEYS COMMANDS; (P<2) Moves Normal with Stimuli	R
5 LOCALIZES PAIN	5	LOCALIZES PAIN	R
4 WITHDRAWS FROM PAIN	4	WITHDRAWS FROM PAIN	R
3 FLEXION TO PAIN	3	FLEXION TO PAIN	R
2 EXTENSION TO PAIN	2	EXTENSION TO PAIN	R
1 NO MOTOR RESPONSE	1	NO MOTOR RESPONSE	R

Comments

eVitals.22 – Glasgow Coma Score - Qualifier

Definition
Documentation of factors which make the GCS score more meaningful.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:M	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Constraints

Data Type	string	minLength	0	maxLength	255

Code List

Displayed Label	Code	Description (Data Base Name)	Req
No EMS Interventions affecting GCS	3322003	Initial GCS has legitimate values without interventions such as intubation and sedation	R
Patient Intubated	3322009	Patient Intubated	R
Patient Chemically Sedated	3322007	Patient Chemically Sedated	R
Patient Chemically Paralyzed	3322005	Patient Chemically Paralyzed	R
Eye Obstruction Prevents Eye Assessment	3322001	Eye Obstruction Prevents Eye Assessment	R

Comments

eVitals.23 - Total Glasgow Coma Score

Definition
The patient's total Glasgow Coma Score.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements

National Element	No	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801019 - Refused	8801023 - Unable to Complete	

Constraints

Data Type	integer	minInclusive	3	maxInclusive	15

Comments
Can be documented or calculated from EVitals.19 (GCS-Eye), EVitals.20 (GCS-Verbal), and EVitals.21 (GCS-Motor).

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
753	When administering Narcan, you must have an Initial & Final GCS.	10	State	Warning

eVitals.24 – Temperature

Definition

The patient's body temperature in degrees Celsius/centigrade.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Recommended	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Recommended		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	7701005 - Not Reporting
Pertinent Negatives (PN)		
8801023 - Unable to Complete	8801019 - Refused	

Constraints

Data Type	decimal	minInclusive	0	maxInclusive	50	totalDigits	3	fractionDigits	1

Comments

eVitals.25 – Temperature Method

Definition

The method used to obtain the patient's body temperature.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Axillary	3325001	Axillary	R
Oral	3325007	Oral	R
Rectal	3325009	Rectal	R
Temporal Artery	3325011	Temporal Artery	R
Tympanic	3325013	Tympanic	R

Comments

eVitals.26 – Level of Responsiveness (AVPU)

Definition

The patient's highest level of responsiveness.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	No	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	No
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Alert	3326001	Alert	R
Verbal	3326003	Verbal	R
Painful	3326005	Painful	R
Unresponsive	3326007	Unresponsive	R

Comments

Validation/ Business Rules

Rule	Description	Points	Level	Schematron
562	When patient contact is made vitals must be entered with at least a Level of Responsiveness (AVPU).	5	State	No

eVitals.27 – Pain Scale Score

Definition

The patient's indication of pain from a scale of 0-10.

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Required	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801023 - Unable to Complete	8801019 - Refused	

Constraints

Data Type	inteer	**minInclusive**	0	**maxInclusive**	10

Comments

The Pain Score can be obtained from several pain measurement tools or pain scale types (eVitals.28). The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment.

eVitals.29 – Stroke Scale Score

Definition
The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

Location in Runform
Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Stroke

State Requirements
NH State Usage	Required	Custom Element	No
State Schematron	Warning	Custom Values	No

National Requirements
National Element	Yes	Required		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	1:1	Required	Multiple	Allows NOT Values	Yes
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	Yes

Attributes
NOT Values (NV)		
7701001 - Not Applicable	7701003 - Not Recorded	
Pertinent Negatives (PN)		
8801023 - Unable to Complete	8801019 - Refused	

Code List
Displayed Label	Code	Description (Data Base Name)	Req
Normal (Negative)	3329001	Negative	R
Abnormal (Positive)	3329005	Positive	R
Non-Conclusive	3329003	Non-Conclusive	R

Comments

Validation/ Business Rules
Rule	Description	Points	Level	Schematron
554	Documentation of a stroke scale is required for a diagnosis of Stroke or symptoms of possible stroke.	10	State	Warning

eVitals.32 – APGAR

Definition
The patient's total APGAR score (0-10).

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Optional	Custom Element	No
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	Yes
Recurrence in Record	0:1	Required	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	Yes

Attributes

Pertinent Negatives (PN)		
8801023 - Unable to Complete		

Constraints

Data Type	integer	minInclusive	0	maxInclusive	10

Comments
Recommended to be taken at 1 and 5 minutes after the infants birth

eVitals.001 - Pulse Oximetry Qualifier

Definition
Pulse Oximetry Qualifier

Location in Runform			
Section	Vitals and Treatment	Panel	Vitals

State Requirements			
NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements					
National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List			
Displayed Label	**Code**	**Description (Data Base Name)**	**Req**
On Room Air	itVitals.001.102	At Room Air	R
Low Concentration O2 (1-6 LPM)	itVitals.001.104	Low Concentration O2 (1-6 LPM)	R
Medium Concentration O2 (7-9 LPM)	itVitals.001.105	Medium Concentration O2 (7-9 LPM)	R
High Concentration O2 (10-25 LPM)	itVitals.001.103	High Concentration O2 (10-25 LPM)	R

Comments

itVitals.002 – Airway

Definition

Airway

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Sinlge-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Patent	itVitals.002.111	Patent	QR
Compromised	itVitals.002.108	Compromised	QR
Obstructed	itVitals.002.109	Obstructed	QR
OPA	itVitals.002.101	Oral	QR
NPA	itVitals.002.100	Nasal	QR
Tracheotomy	itVitals.002.107	Tracheotomy	QR
LMA or SGA-King, I-Gel, Combitube, ect	itVitals.002.105	Laryngeal Mask Airway	QR
Endotracheal Tube	itVitals.002.106	Endotracheal Tube	QR
Other	itVitals.002.110	Other	QR

Comments

itVitals.005 – Patient Position

Definition

Patient Position

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Qualified Requirement	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Semi-Fowlers	itVitals.005.101	Semi-Fowlers	QR
Supine	itVitals.005.103	Supine	QR
Sitting	itVitals.005.102	Sitting	QR
Standing	itVitals.005.105	Standing	QR
Fowlers	itVitals.005.100	Fowlers	QR
Prone	itVitals.005.107	Prone	QR
Left Lateral Recumbent	itVitals.005.109	Left Lateral Recumbent	QR
Right Lateral Recumbent	itVitals.005.108	Right Lateral Recumbent	QR
Trendelenburg	itVitals.005.106	Trendelenburg	QR

Comments

itVitals.018 – Blood Glucose Other

Definition

Blood Glucose Other

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:1	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
Hi	itVitals.018.001	Hi	QR
Low	itVitals.018.000	Low	QR

Comments

ItVitals.019 – Pulse Quality

Definition

Pulse Quality

Location in Runform

Section	Vitals and Treatment	Panel	Vitals
Section	Drop Off Form	Panel	Vitals

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	Yes

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Multiple	Allows NOT Values	No
Recurrence of Values	Multi-Select			Is Nillable (Can be Blank)	No

Code List

Displayed Label	Code	Description (Data Base Name)	Req
3+ (Normal)	itVitals.019.103	Normal	QR
0 (No Pulse Detected)	itVitals.019.104	Absent	QR
1+ (Weak, Comes and Goes, Disappears with Pressure)	itVitals.019.100	Weak	QR
2+ (Difficult to Feel, May Fade w/ Pressure)	itVitals.019.102	Rapid	QR
4+ (Bounding, Hyperactive, Easily Palpated)	itVitals.019.101	Bounding	QR

Comments

itVitals.048 – Vitals Comments

Definition
Vitals Comments

Location in Runform

Section	Vitals and Treatment	Panel	Vitals

State Requirements

NH State Usage	Optional	Custom Element	Yes
State Schematron	N/A	Custom Values	No

National Requirements

National Element	No	Optional		Has Pertinent Negatives (PN)	No
Recurrence in Record	0:M	Optional	Single	Allows NOT Values	No
Recurrence of Values	Single			Is Nillable (Can be Blank)	No

Constraints

Data Type	string	minLength	0	maxLength	255

Comments